

345
52 11001BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11001

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen L. Woodland

2. DATE
OF
DEATH

12/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1507 Presstman St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

1507 Presstman St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/16/97

9. AGE (In years
last birthday)

54

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jasper Ridgley

14. MOTHER'S MAIDEN NAME

Bertha Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Clarence Woodland 1507 Presstman Stl

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardio-Vascular Disease

1 yr.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1952, to Dec 2, 1952, that I last saw the
deceased alive on Dec. 2, 1952, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/6/52

Arbutus

Arbutus, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1952

H. H. Taylor Williams, Jr.

Geo. C. Kelson 1303 Presstman St.

100N 93

200
52 11002
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11002
Registered No.1. NAME OF DECEASED
(Type or Print)

James W. Rose (JAMES WALTER ROSE)

2. DATE
OF
DEATH

Dec. 3 '1952

3. PLACE OF DEATH:

1. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

m.

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1821 North Regester St.

5. SEX

m.

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Feb. 16 '1895

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR INDUSTRY

Building

13. FATHER'S NAME

Joseph Rose

14. MOTHER'S MAIDEN NAME

Josephine Kebil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

217-01-2034

17. INFORMANT 1831 N. Regester Street 13

Mrs. Maude E. Rose

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive cardiovascular
disease - uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1952, to 12-3, 1952, that I last saw the deceased alive on Dec. 3, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. L. Lin

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Dec. 3 '1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/6/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 4 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

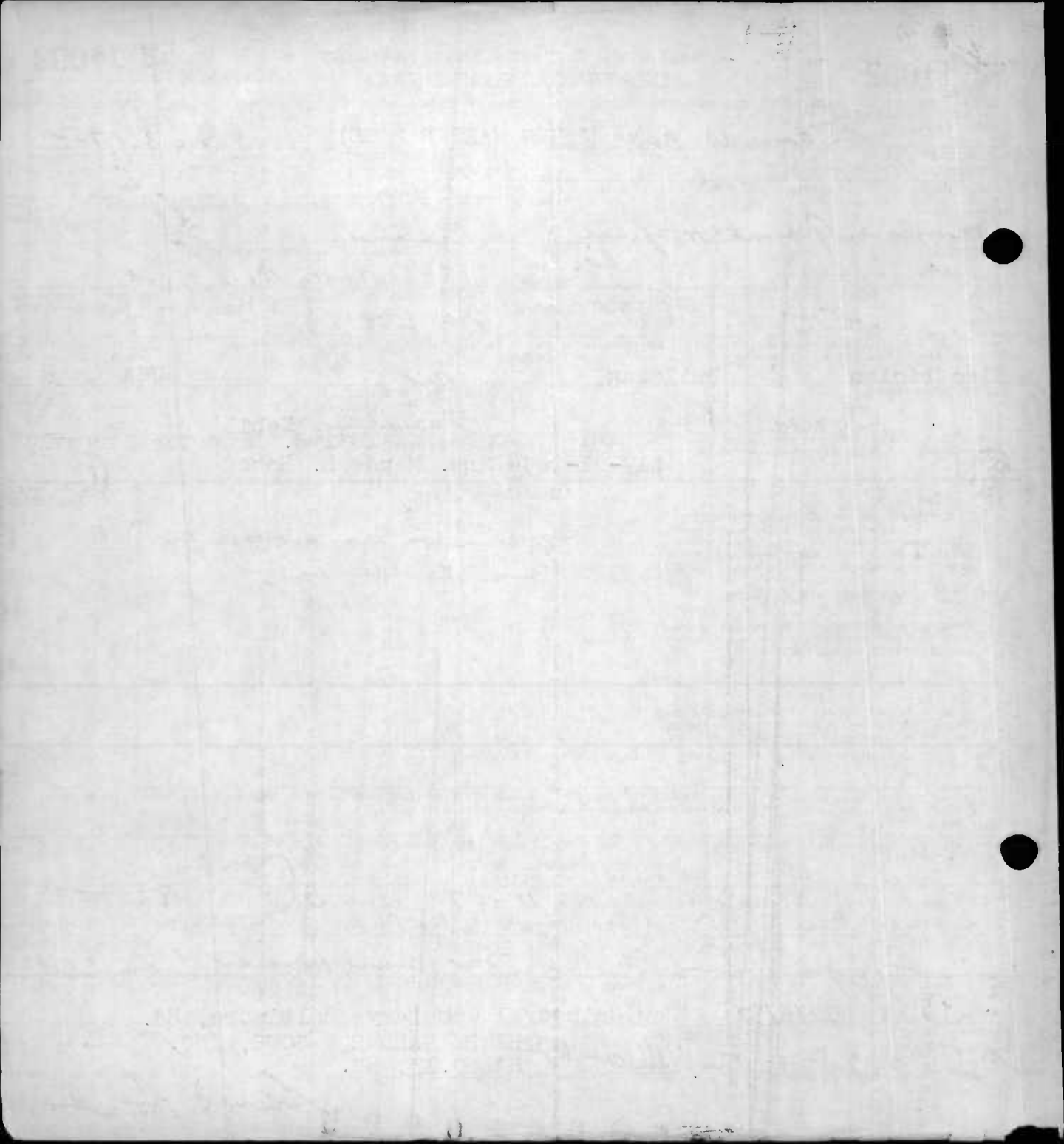
ADDRESS

BALTO. 13, MD.

VS 150

51528005

George J. Sander



correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-11003

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry L. Ross

2. DATE
OF
DEATH

12/3/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

U. H. University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

Rural

c. Length of stay in Baltimore

over 30

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2239 Corsica Rd

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, (MARRIED, WIDOWED, DIVORCED (Specify))

8. DATE OF BIRTH

2-27-1891

9. AGE (In years last birthday)

61

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ice Car Operator

10B. KIND OF BUSINESS OR INDUSTRY

Steel mill

11. BIRTHPLACE (State or foreign country)

Harrisburg

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Ross

14. MOTHER'S MAIDEN NAME

Mary Pottlitzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
213-07-2500

17. INFORMANT

Wife - Mrs Mary Ross

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes, anemia;

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1952 to 12-3, 1952, that I last saw the deceased alive on 12/3, 1952 and that death occurred at 94 m., from the causes and on the date stated above.

23A. SIGNATURE

E. Felipe Gonzalez

23B. ADDRESS

U. H. University Hospital

23C. DATE SIGNED

12/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

12.6.52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Hospital

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 4-1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD. George F. Sander

VS 150

52680-340996

28 11013

RECEIVED
CENTRIC OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11004
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LLOYD G. DAVIS

2. DATE
OF
DEATH

Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2052 Druid Pk. Drive

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

to Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Minister

10B. KIND OF BUSINESS OR
INDUSTRY

church

13. FATHER'S NAME

Thomas Settles Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2054 Druid Park Drive

8. DATE OF BIRTH

Feb. 5, 1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Robert E. Graham

17. INFORMANT 2054 Druid Park Drive 11

Mrs. Lillian E. Davis

18. 587.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute hemorrhagic pancreatitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23c. DATE SIGNED

Dec. 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/5/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

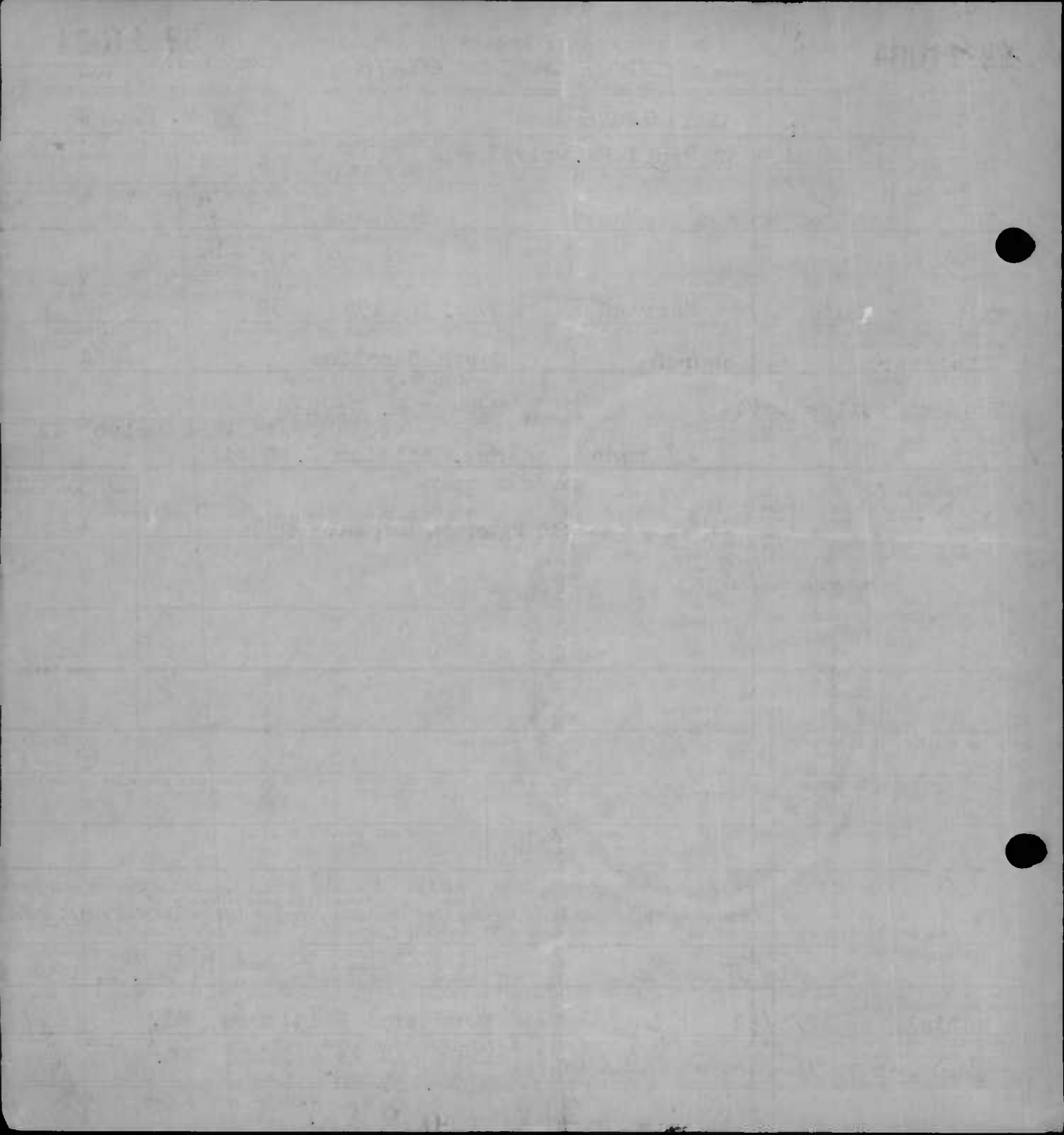
25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 13, MD.

VS 151



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11005
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) STANLEY C. RITTERPUSCH		2. DATE OF DEATH Dec. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1505 E. 28th. to		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY 9-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1505 E. 28th Street			
5. Length of stay in Baltimore life		Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 3, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman for Balto. City		9. AGE (in years last birthday) 52	11. BIRTHPLACE (State or foreign country) Baltimore, Md.
13. FATHER'S NAME Conrad Ritterpusch		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Anna Lehr	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Thelma B. Ritterpusch	
		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Artery Sclerosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Dec. 2, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12.5.52	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11006**

BIRTH NO. **52-29219**

1. NAME OF DECEASED (Type or Print) BABY BOY GRAY			2. DATE OF DEATH 11-30-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SAINT AGNES HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 6700 REISTERSTOWN RD.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-30-52		9. AGE (In years last birthday) Months Days 5 HRS
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME LILLIAN GRAY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Asphyxia neonatorum		INTERVAL BETWEEN ONSET AND DEATH
(A) _____ DUE TO		
(B) _____ DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 1, 1952 to Dec 1, 1952 , that I last saw the deceased alive on Dec 1, 1952 and that death occurred at 8:20 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. H. H. Lewis		23B. ADDRESS St. Agnes' Hospital		23C. DATE SIGNED Dec 4	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/4/52		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR M. FAHEY & SONS		ADDRESS 4015 SUFFOLK RD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

D-530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11007
Registered No.

BIRTH No. 52 11007

1. NAME OF DECEASED
(Type or Print)

George Dent

2. DATE
OF
DEATH

12-1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1095 W. Fayette St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 1893

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Junk Dealer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Marys Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Marx Dent

14. MOTHER'S MAIDEN NAME

Teresa Blain

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sadelle Stewart

ADDRESS

1095 W. Fayette St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive - Cardio-vascular
Renal Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1952, to 12/1, 1952, that I last saw the
deceased alive on 12/1, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Reckling

M. D.

23B. ADDRESS

425 N. Gibson St.

23C. DATE SIGNED

12/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/4/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schomberg St.

DECLARATION OF DEATH
CERTIFICATE OF DEATH

H-500
52 11008

52 11008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Joseph David HAM</i>			2. DATE OF DEATH <i>12/1/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>BALTIMORE</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>MERCY HOSPITAL</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		
7. Length of stay in Baltimore <i>?</i>			8. STREET ADDRESS (If rural, give location) <i>750 W. LEXINGTON ST</i>		
9. SEX <i>M</i>	10. COLOR OR RACE <i>B</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>Mar 26, 1911</i>		13. AGE (In years last birthday) <i>41</i>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TAXI DRIVER</i>			15. BIRTHPLACE (State or foreign country) <i>S. Carolina</i>		16. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
17. FATHER'S NAME <i>Jimmy HAM</i>			18. MOTHER'S MAIDEN NAME <i>MARY FAYSON</i>		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>?</i>			20. SOCIAL SECURITY NO. <i>?</i>		
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>?</i>			22. INFORMANT ADDRESS <i>322 N. ...</i>		

18. *490x and 322.1*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) *Lobar Pneumonia*
DUE TO*1 week*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Chronic Alcoholism*19A. DATE OF OPERATION *?* 19B. MAJOR FINDINGS OF OPERATION20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/1*, 19*52*, to *12/1*, 19*52* that I last saw the deceased alive on *12/1*, 19*52*, and that death occurred at *2:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

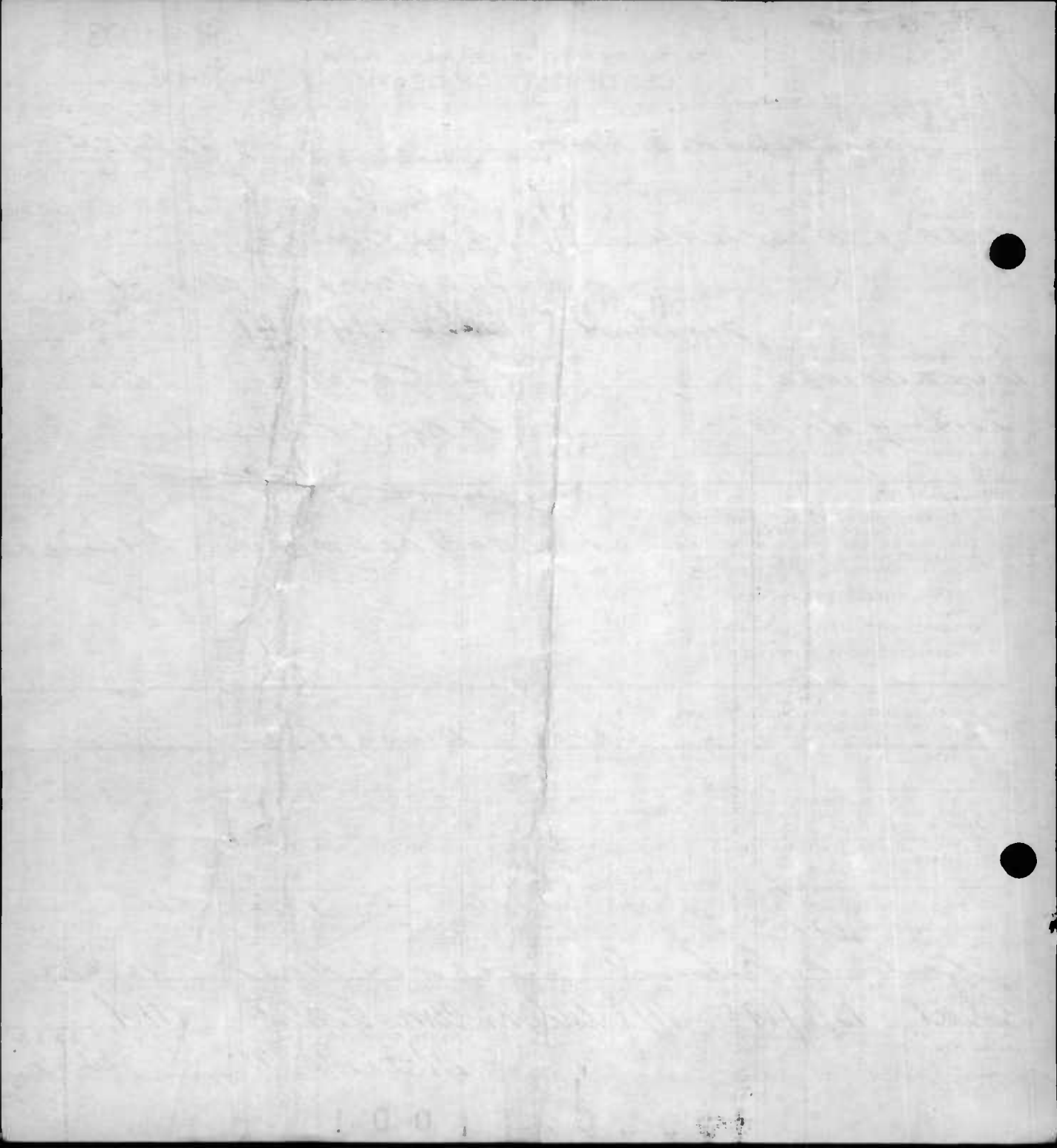
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS *322 N. ...*

VS 150

683 052 1001



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11009
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY Clark Williams		2. DATE OF DEATH 11-30-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ba. To. 19-01	
D. STREET ADDRESS (If rural, give location) 325 N. Gilman St.		E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1916
9. AGE (in years last birth day) 36		10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maids		10B. KIND OF BUSINESS OR INDUSTRY Hospital	
11. BIRTHPLACE (State or foreign country) Lee Co. S. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Bennie Clark		14. MOTHER'S MAIDEN NAME Janie Harrington	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Elizabeth Clark		ADDRESS 325 N. Gilman St.	

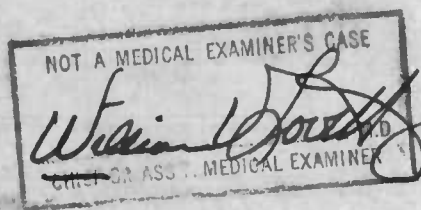
18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) STATUS ASTHMATICUS		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) D.O.A.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11-30-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NO		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-30-52, 1952** to **11-30-52, 1952**, that I last saw the deceased alive on **11-30-52, 1952**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE H. M. Walsh		23B. ADDRESS Union Ave		23C. DATE SIGNED 11-30-52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24B. DATE 12/3/1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.		24D. LOCATION (City, town, or county) (State) St. Charles S. C.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS 322 N. Schroeder St.	



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-612

52 11010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11010

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sarah Catherine Pohrbach</i>		2. DATE OF DEATH <i>Dec. 2 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>400 W. Lexington St.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Aged Women's and Aged Men's Homes</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-07</i>	
D. STREET ADDRESS (If rural, give location) <i>1400 W. Lexington St.</i>			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May-28-1865</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>	9. AGE (In years last birthday) <i>87</i>
11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Nathan Milner</i>		14. MOTHER'S MAIDEN NAME <i>Ann Jane McClenaghan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>E. J. Reed</i>		ADDRESS <i>1400 W. Lexington St.</i>	

18. <i>332X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO <i>Cerebral Thrombosis</i>			<i>2 weeks</i>
ANTECEDENT CAUSES		(B) DUE TO <i>Arteriosclerotic Cerebrovascular disease</i>	<i>years</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/10</i> , 19 <i>50</i> , to <i>12/2</i> , 19 <i>52</i> that I last saw the deceased alive on <i>12/1</i> , 19 <i>52</i> , and that death occurred at <i>3:59</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wendell Edwin Day</i>		23B. ADDRESS <i>4-2-33 W. St. 18</i>		23C. DATE SIGNED <i>Dec 3, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/5/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Freedom Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>New Freedom, Penna.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>	
				ADDRESS <i>1217 St. Paul St.</i>	

VS 150

19520011003

1950

RECEIVED

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11011
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) David Schaefer		2. DATE OF DEATH Dec. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2715 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2715 Eastern Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Nov. 21, 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Police Officer		10B. KIND OF BUSINESS OR INDUSTRY Baltimore City	9. AGE (In years; last birthday) 64
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Conrad Schaefer		14. MOTHER'S MAIDEN NAME Mary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Frederick Collignon, 52 Dunkirk Road		ADDRESS _____	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 10 Min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular Disease DUE TO _____		3 Yrs?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Oct. 5**, 19**51** to **Dec.**, 19**52** that I last saw the deceased alive on **Dec. 26, 1951** and that death occurred at **7:15 A.M.** from the causes and on the date stated above.

23A. SIGNATURE Clarence W. Whitcomb M.D.		23B. ADDRESS 3023 Eastern Ave.		23C. DATE SIGNED 12/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/6/52		24C. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	

DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1952		REGISTRAR'S SIGNATURE Wm. Cook, Inc.		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street	
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VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Handwritten signature: Wm. Cook, Inc.

52 27073-93 1 0 0 4

Dec. 3, 1900

David S. Brown

10 min.

Examination: Interlocking

After completion of the examination

Discharge

Dec. 3, 1900

Dec. 3, 1900

2028 Madison Ave.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-620
52 11012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Parks

52 11012
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Parks

2. DATE OF DEATH
Dec 2 - 1952 3:00 AM

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St.

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

Little Sisters of the Poor

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1200 Valley St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb 6th 1868

9. AGE (in years last birthday)

83

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Parks

14. MOTHER'S MAIDEN NAME

Laura E. White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Little Sisters of the Poor

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio-Sclerosis

5 yrs

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20 - 1952, to Dec 2 - 1952, that I last saw the deceased alive on Dec 1 - 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall MD

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

Dec 4 - 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 5 - 1952

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Robt. Redfield 9006 Biddle St

VS 150

EDICAL CERTIFICATION

DEC 4 - 1952

52 00211005

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

NO. 1110

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>		<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>		<p>5. Time of death: _____</p>		<p>6. Place of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Manner of death: _____</p>		<p>9. Signature of physician: _____</p>	
<p>10. Signature of registrar: _____</p>		<p>11. Signature of witness: _____</p>		<p>12. Signature of witness: _____</p>	
<p>13. Signature of witness: _____</p>		<p>14. Signature of witness: _____</p>		<p>15. Signature of witness: _____</p>	
<p>16. Signature of witness: _____</p>		<p>17. Signature of witness: _____</p>		<p>18. Signature of witness: _____</p>	
<p>19. Signature of witness: _____</p>		<p>20. Signature of witness: _____</p>		<p>21. Signature of witness: _____</p>	
<p>22. Signature of witness: _____</p>		<p>23. Signature of witness: _____</p>		<p>24. Signature of witness: _____</p>	
<p>25. Signature of witness: _____</p>		<p>26. Signature of witness: _____</p>		<p>27. Signature of witness: _____</p>	
<p>28. Signature of witness: _____</p>		<p>29. Signature of witness: _____</p>		<p>30. Signature of witness: _____</p>	
<p>31. Signature of witness: _____</p>		<p>32. Signature of witness: _____</p>		<p>33. Signature of witness: _____</p>	
<p>34. Signature of witness: _____</p>		<p>35. Signature of witness: _____</p>		<p>36. Signature of witness: _____</p>	
<p>37. Signature of witness: _____</p>		<p>38. Signature of witness: _____</p>		<p>39. Signature of witness: _____</p>	
<p>40. Signature of witness: _____</p>		<p>41. Signature of witness: _____</p>		<p>42. Signature of witness: _____</p>	
<p>43. Signature of witness: _____</p>		<p>44. Signature of witness: _____</p>		<p>45. Signature of witness: _____</p>	
<p>46. Signature of witness: _____</p>		<p>47. Signature of witness: _____</p>		<p>48. Signature of witness: _____</p>	
<p>49. Signature of witness: _____</p>		<p>50. Signature of witness: _____</p>		<p>51. Signature of witness: _____</p>	
<p>52. Signature of witness: _____</p>		<p>53. Signature of witness: _____</p>		<p>54. Signature of witness: _____</p>	
<p>55. Signature of witness: _____</p>		<p>56. Signature of witness: _____</p>		<p>57. Signature of witness: _____</p>	
<p>58. Signature of witness: _____</p>		<p>59. Signature of witness: _____</p>		<p>60. Signature of witness: _____</p>	
<p>61. Signature of witness: _____</p>		<p>62. Signature of witness: _____</p>		<p>63. Signature of witness: _____</p>	
<p>64. Signature of witness: _____</p>		<p>65. Signature of witness: _____</p>		<p>66. Signature of witness: _____</p>	
<p>67. Signature of witness: _____</p>		<p>68. Signature of witness: _____</p>		<p>69. Signature of witness: _____</p>	
<p>70. Signature of witness: _____</p>		<p>71. Signature of witness: _____</p>		<p>72. Signature of witness: _____</p>	
<p>73. Signature of witness: _____</p>		<p>74. Signature of witness: _____</p>		<p>75. Signature of witness: _____</p>	
<p>76. Signature of witness: _____</p>		<p>77. Signature of witness: _____</p>		<p>78. Signature of witness: _____</p>	
<p>79. Signature of witness: _____</p>		<p>80. Signature of witness: _____</p>		<p>81. Signature of witness: _____</p>	
<p>82. Signature of witness: _____</p>		<p>83. Signature of witness: _____</p>		<p>84. Signature of witness: _____</p>	
<p>85. Signature of witness: _____</p>		<p>86. Signature of witness: _____</p>		<p>87. Signature of witness: _____</p>	
<p>88. Signature of witness: _____</p>		<p>89. Signature of witness: _____</p>		<p>90. Signature of witness: _____</p>	
<p>91. Signature of witness: _____</p>		<p>92. Signature of witness: _____</p>		<p>93. Signature of witness: _____</p>	
<p>94. Signature of witness: _____</p>		<p>95. Signature of witness: _____</p>		<p>96. Signature of witness: _____</p>	
<p>97. Signature of witness: _____</p>		<p>98. Signature of witness: _____</p>		<p>99. Signature of witness: _____</p>	
<p>100. Signature of witness: _____</p>		<p>101. Signature of witness: _____</p>		<p>102. Signature of witness: _____</p>	

625
52 11013BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11013

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM HARRISON

2. DATE
OF
DEATH

12/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

SOUTH BALTO. GEN. HOSP.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

627 E. 29th St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6/21/1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FIREMAN - RET.

10B. KIND OF BUSINESS OR
INDUSTRY

FIRE DEPT.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WALTER HARRISON

14. MOTHER'S MAIDEN NAME

Blanche Scrimger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Bertha Harrison 627 E. 29th St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Anterior coronary artery occlusion days.
DUE TO with myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bilateral pneumonia

days.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1952, to Dec. 3, 1952, that I last saw the
deceased alive on Dec 3, 1952, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. Bouway

M. D.

South Baltimore Gen Hosp

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DEC 4 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Serge R. Farley - Catonsville, Md.

195276293

100-100000

UNITED STATES DEPARTMENT OF JUSTICE

6/21/1968

RECEIVED
JUN 26 1968
FBI - NEW YORK

626
52 11014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11014
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Mary Morhiser		2. DATE OF DEATH 12/2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore all of life		D. STREET ADDRESS (If rural, give location) 2434 Frederick Ave. Balto 23	
5. SEX F	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 13, 1883
9. AGE (In years last birthday) 69		10. Under 1 Year: Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Mr. Owen Curly		14. MOTHER'S MAIDEN NAME ANNIE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Son John Morhiser		ADDRESS Same	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Prolonged Shock DUE TO (B) Diabetic Mellitus (C) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH 6 hr ? 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12-5-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/1/52 to 12/2/52 , that I last saw the deceased alive on 12/2/52 , 19 52 , and that death occurred at 5:40 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John E. Carroll		23B. ADDRESS Bon Secours		23C. DATE SIGNED 12/2/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-5-52		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George Farley - Catonsville, Md.		ADDRESS	

19520011007

MEDICAL CERTIFICATION

KLONE SR

UN-100-10-200
EDM-100-10-200

KLONE SR

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11015**

1. NAME OF DECEASED
(Type or Print)

ROSE GUTENKO

2. DATE
OF
DEATH

December 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

409 S. Ann Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

409 S. Ann Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 22, 1903

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Szczepaniak

14. MOTHER'S MAIDEN NAME

Maryanna Bandoch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Mr. Sigmund Gutenko, 409 S. Ann Street

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

CEREBRAL HEMORRHAGE

INTERVAL BETWEEN ONSET AND DEATH

12/3/52

(A) DUE TO

(B) DUE TO

HYPERTENSIVE CARDIO-VASCULAR DISEASE

???

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **AUG. 13, 1952** to **Dec. 3, 1952**, that I last saw the deceased alive on **Dec. 3, 1952**, and that death occurred at **9:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Joseph F. Shengul

23B. ADDRESS

2098 Chester St

23C. DATE SIGNED

12/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/6/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City or town or county) (State)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE

Charles D. Sadowski

VS 150

19520011008

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1001 1001

RECEIVED BY THE OFFICE OF THE ATTORNEY GENERAL

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RECEIVED BY THE OFFICE OF THE ATTORNEY GENERAL

245
52 11016

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11016
Registered No.

BIRTH NO. MLB. 165091

1. NAME OF DECEASED (Type or Print) Joseph Rieselman		2. DATE OF DEATH 12-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 26 03	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 306 Folcroft St	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ordinance Supervisor		9. AGE (In years last birthday) 47	
10B. KIND OF BUSINESS OR INDUSTRY U. S. Government		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Joseph Rieselman		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Rose Damesyn	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records, Baltimore City Hospitals 4940 Eastern Ave	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-18**, 19 **52**, **12-3**, 19 **52** that I last saw the deceased alive on **12-3**, 19 **52** and that death occurred at **9:10 P.M.** from the causes and on the date stated above.

23A. SIGNATURE **Huntington Williams** M. D. 23B. ADDRESS **4940 Eastern Ave. Balto Md.** 23C. DATE SIGNED **12-3-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/9/52	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City and county) (State) Baltimore, Maryland
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE
---	---	---

5290 H, Charles D. Sadowski

correct age is 47. Specimen important. Physicians, please write the causes of death clearly and briefly.

81011 SR

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11017**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NARCISSUS

QUARRELS (Charles)

2. DATE OF DEATH
November 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balti. City**

B. FULL NAME OF HOSPITAL OR INSTITUTION
Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1206 E. Madison Street

E. Length of stay in Baltimore **20 yrs.**

Yrs.
Mos.
Days

5. SEX **Female**

6. COLOR OR RACE **Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

9. AGE (In years last birthday) **36**

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
at Home

11. BIRTHPLACE (State or foreign country)
Southfield Va

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
George Thomas

14. MOTHER'S MAIDEN NAME
Eda Colfax

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
James Charles

ADDRESS
1206 E. Madison St

18. **E891.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxiation due to carbon monoxide
xxxxx poisoning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Garage

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
1818 Rutland Avenue

21D. TIME (Month) (Day) (Year) (Hour) of INJURY
Found: 11/30/52 8:05 P.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Found slumped over in car

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE
William Wood

23B. CHIEF MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED
12/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
12/4/52

24C. NAME OF CEMETERY OR CREMATORY
Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)
Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR
DEC 4 - 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Chas D. Wilson

ADDRESS
1000 Beauty

V S 151

N 968.0

20011010

med

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF

52 11018
200
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11018

1. NAME OF DECEASED (Type or Print) OTIS Cornell Cox			2. DATE OF DEATH December 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1337 Myrtle Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 2-7-29	9. AGE (In years last birthday) 23	10. UNDER 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) handy man			10B. KIND OF BUSINESS OR INDUSTRY garage		
11. BIRTHPLACE (State or foreign country) Princeton N. C.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jas. E. Cox			14. MOTHER'S MAIDEN NAME Lillie Mae Atkinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Lillie M. Atkinson-1332 Myrtle Av			ADDRESS		

18. 0071

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

~~DO NOT WRITE~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Terminal hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Dec. 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

12-7-52

24C. NAME OF CEMETERY OR CREMATORY

Shiloh Cem.

24D. LOCATION (City, town, or county)

Selma N. C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr.

V S 151

592083

1010 N. Burlington Ave

10-11-52

10-11-52

10-11-52

10-11-52

10-11-52

10-11-52

10-11-52

10-11-52

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11019**

200
52 11019
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HELEN J. ROSE			2. DATE OF DEATH Dec. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Hospital for Women & Maryland, Baltimore			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1802 Barclay St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 19, 1932	9. AGE (in years last birthday) 20	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Elbert Smith			14. MOTHER'S MAIDEN NAME Tolbert, MAUDE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -	17. INFORMANT (History)		
			ADDRESS		

18. 158X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized carcinoma	CAUSE OF DEATH (A) Generalized carcinoma DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Retroperitoneal teratoma??	(B) Retroperitoneal teratoma?? DUE TO	
	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Nov. 14, 1952	19B. MAJOR FINDINGS OF OPERATION Tumor cells in ascitic fluid.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from **11-14, 1952** to **12-4, 1952** that I last saw the deceased alive on **12-4, 1952**, and that death occurred at **6-30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE B. Shih	23B. ADDRESS Women's Hospital Baltimore	23C. DATE SIGNED 12-4-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 12/5/52	24C. NAME OF CEMETERY OR CREMATORY HILLSVILLE	24D. LOCATION (City, town, or county) (State) HILLSVILLE, VIRGINIA
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Cook & Co., 1217 ST. PAUL ST.	ADDRESS

General's Office
Washington, D.C.

11-14-42

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11020

Registered No.

1. NAME OF DECEASED
(Type or Print)

Vanneman, Mr. Charles Elmer

2. DATE OF DEATH

December 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson (rural)

52-55

D. STREET ADDRESS (If rural, give location)

1705 Glenridge Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 15-1900

9. AGE (In years last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance Executive

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elmer VANNEMAN

14. MOTHER'S MAIDEN NAME

Lydia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. Mildred VANNEMAN - SAME

18. 572.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Peripheral Vascular Collapse - postop.** 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Surgical Operation (colostomy) for Diverticulitis** 1 year

DUE TO

(C) **Arteriosclerotic Heart Disease and generalized arteriosclerosis** unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Asthma

20 years

19A. DATE OF OPERATION

Nov. 26, 1952

19B. MAJOR FINDINGS OF OPERATION

Partial Intestinal Obstruction. Colostomy performed

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Dec. 1, 1952** to **Dec. 3, 1952**, that I last saw the deceased alive on **Dec. 3, 1952**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Arthur Klein

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

Dec. 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/6/52

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEM.

24D. LOCATION (City, town, or county)

BALTO Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

5305 HARFORD RD.

MEDICAL CERTIFICATION

causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11021
Registered No.1. NAME OF DECEASED
(Type or Print)

Benton, William O.

2. DATE

OF DEATH December 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's Hospital.

Yrs.
Mos.

C. Length of stay in Baltimore

65 Yrs. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1015 McAleer Court

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 14th. 1883

9. AGE (In years

last birthday)

69

10. Under 1 Year

Months: Days

10 20

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor (Retired)

10B. KIND OF BUSINESS OR INDUSTRY

Cab Company

11. BIRTHPLACE (State or foreign country)

Baltimore, County

Maryland

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John R. Benton

14. MOTHER'S MAIDEN NAME

Ida Chesney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Mr. Oliver C. Benton-2027 Kennedy Ave.

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Generalized arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 4, 1952 to December 4, 1952 that I last saw the deceased alive on Dec. 4, 1952, and that death occurred at 7:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec. 8, 1952

Baltimore Cemetery

East North Avenue, Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1952

Huntington Williams, M.D.

George J. Ruth, Inc. -1735 Harford Avenue

VS 150

5289054 014

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FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
CERTIFICATE OF DEATH

1001

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300
52-11022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11022
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EUNICE REID

2. DATE
OF
DEATH

12/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

843 Benton

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

834 Benton St 16-05
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore Md

D. STREET ADDRESS (If rural, give location)

834 Benton St

c. Length of stay in Baltimore

2 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

-

9. AGE (In years last birthday)

39 yrs

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Notaway Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel S. Oliver

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mattie Oliver 834 Benton

18. 170 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cancer of heart

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

metastasis to lungs

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-8, 1952, to 12-3, 1952, that I last saw the deceased alive on 12-3, 1952, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George R. Adams

M. D.

23B. ADDRESS

2927 nr. North Paul Rd Md 12-4-52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. Burial

Dec 4-52

Emporia Va

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

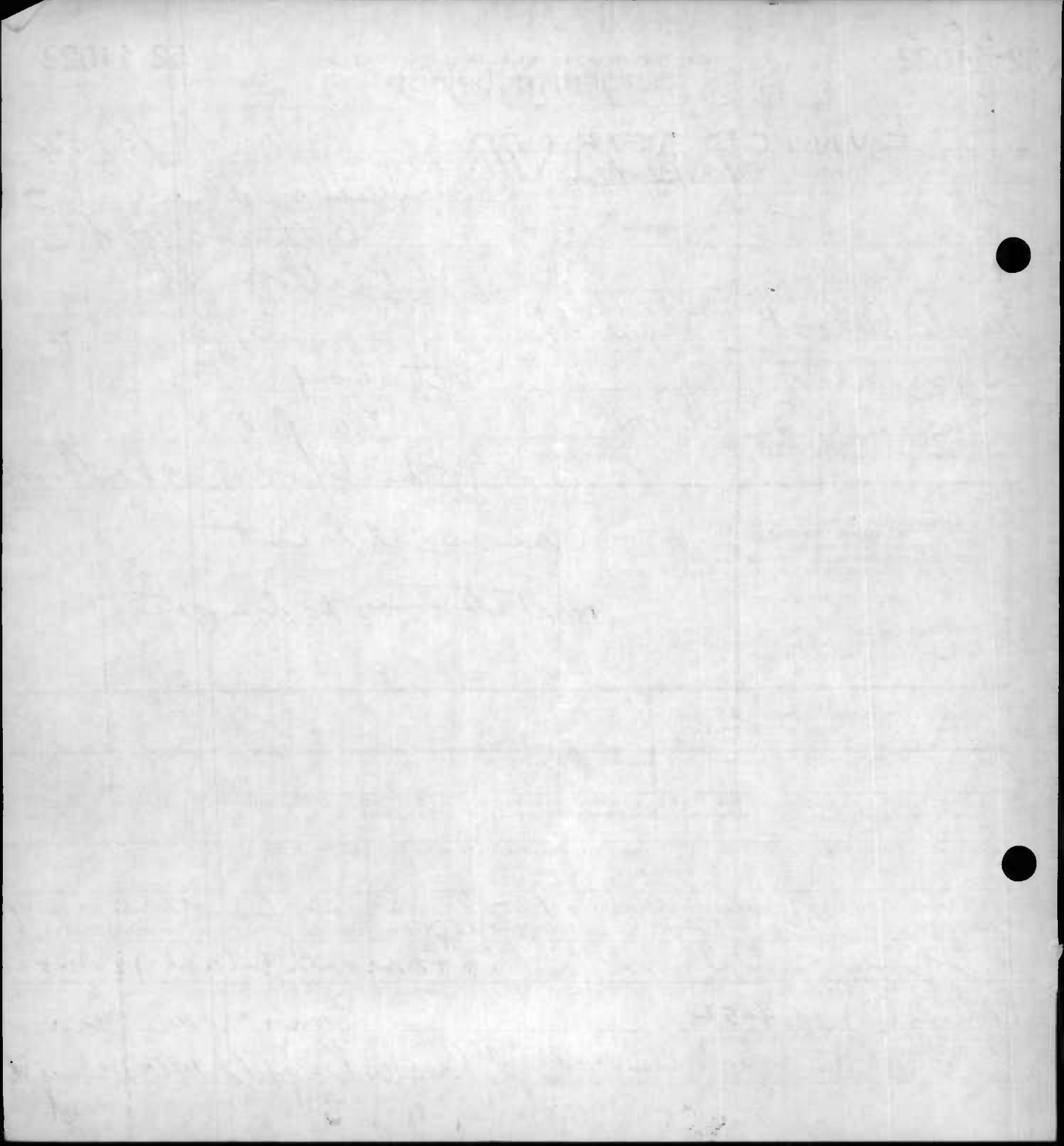
25. FUNERAL DIRECTOR

ADDRESS

DEC 4-1952

Huntington Williams, M.D.

Brooks Ruggold 1463 N. Ches St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11023**

452
52 11023

1. NAME OF DECEASED (Type or Print) NANNIE L. RAWLINGS			2. DATE OF DEATH December 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3301 Hayward Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Aug. 24, 1868	9. AGE (In years last birthday) 84	10. UNDER 1 Year Months: _____ Days: _____ 11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Frederick County, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Bertha Rawlings			ADDRESS 3422 Virginia Ave.		

18. E 812.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushed chest (A) SUCKER		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of left humerus & left clavicle (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic cardiovascular disease		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hayward Avenue and Maple Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 3, 1952 8:25 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by truck	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William U. Good</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 6, 1952		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) Pikesville, Balto. Co., Md.		24E. STATE (State)			

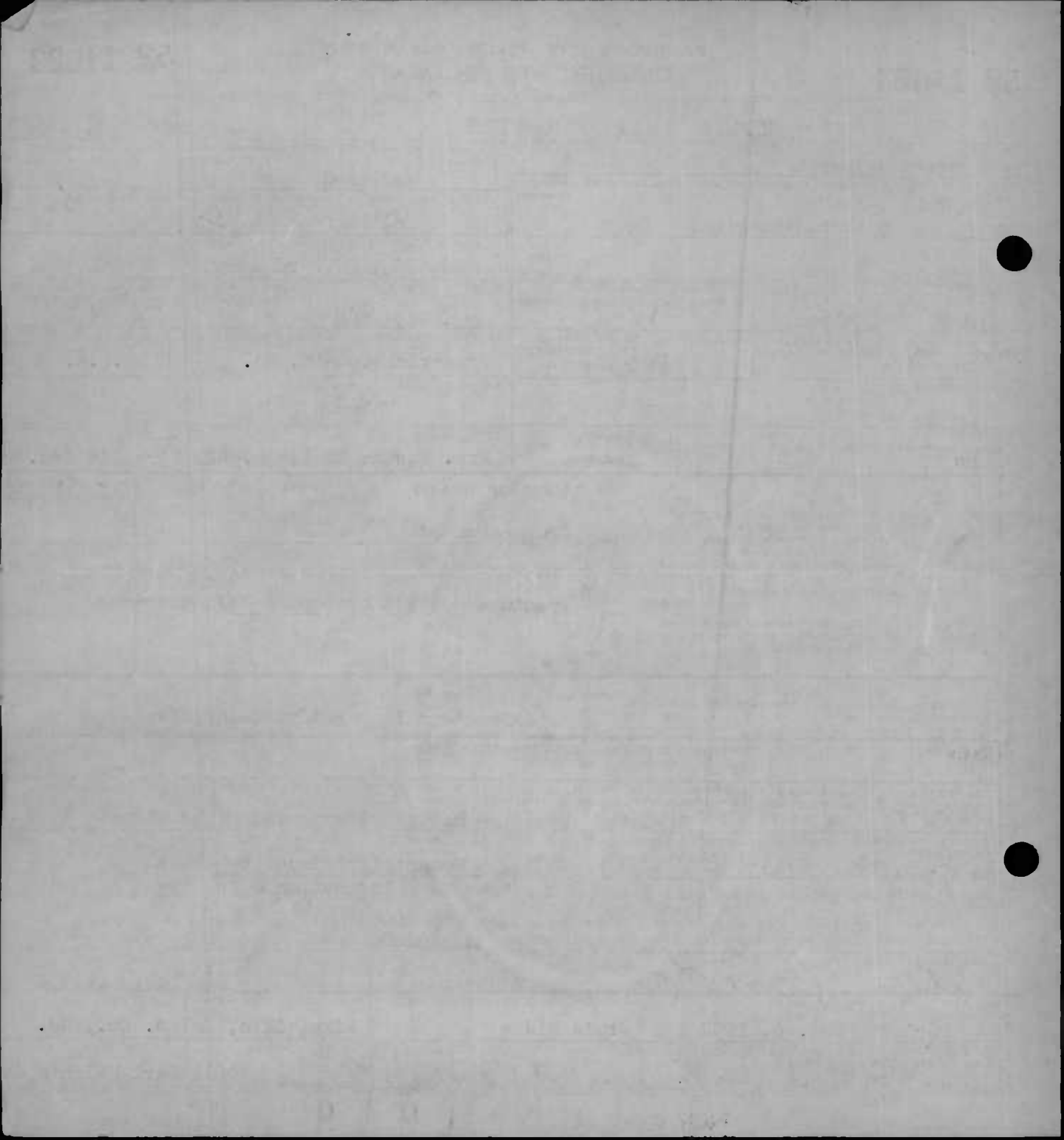
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>B. Verma Lenson</i>	
ADDRESS 4611 Park Heights Av					

V S 151

N-862-29520011010

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



530

52 11024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11024

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Lee Smith Jr

2. DATE
OF
DEATH

12/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

C. Length of stay in Baltimore

4 Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-27-52

9. AGE (In years
last birthday)

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Frederick Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Lee Smith Sr

14. MOTHER'S MAIDEN NAME

Barbara Lee Beall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Robert Lee Smith Jr.

18.

570.3 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Intestinal Obstruction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Volvulus

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/1/52

19B. MAJOR FINDINGS OF OPERATION

Edematous mesentery - distended bowel

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1952 to 12/3, 1952, that I last saw the
deceased alive on 12/3, 1952, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

David R. Texel

M. D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

12/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

M R Eichelbaum & Son

ADDRESS

DEC 4 - 1952

VS 150

520011017

Frederick Md

correct age is especially important. Physicians: write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1001 32

RECEIVED
1001 32

1001 32



52 11025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11025
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILLER J. JOHNS

2. DATE
OF
DEATH

December 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Showman

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Riley Johns

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

March 5 1916

9. AGE (In years
last birthday)

36

11 Under 1 Year
Months Days Hours Min.

8 28

11. BIRTHPLACE (State or foreign country)

Detroit Michigan

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Lena George

17. INFORMANT

ADDRESS

Riley Johns 1109 E. Baltimore St.

18. 411X and 322.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aortic stenosis

DUE TO rheumatic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec. 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

December 5th/52 Western Cemetery

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Edmondson Ave & Lgwd St.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Hawthorne Dells Noel 322 S. High St.

VS 151

5 2 005/PM 0 1 8

PLEASE WRITE CLEARLY, WITH CORRECT AGE IS ESPECIALLY IMPORTANT. PHYSICIANS: PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

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STANDARD NO. 1003

8 1003

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52 11026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11026

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Beatrice Walker Stewart			2. DATE OF DEATH Dec. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2011 W. LANVALE Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-04		
c. Length of stay in Baltimore 4 Yes Mos. Days			D. STREET ADDRESS (If rural, give location) 2011 W. LANVALE Street		
5. SEX FEMALE	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 1, 1916	9. AGE (in years last birthday) 36	10. Under 1 Year Months: Days 5 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Ernest Allen			14. MOTHER'S MAIDEN NAME Betty Holland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Rercy Allen			ADDRESS 718 N. PAYSON St.		

18. 442 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive Encephalopathy	CAUSE OF DEATH Cerebral Hemorrhage DUE TO Hypertensive Encephalopathy	INTERVAL BETWEEN ONSET AND DEATH Several Hrs. 3 DAYS
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive-Cardio-Renal Disease		Un KNOWN

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17 , 19 52 , to Dec. 4 , 19 52 , that I last saw the deceased alive on Dec. 1 , 19 52 , and that death occurred at 7:35 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Richard H. Hunt M. D.		23B. ADDRESS 1631 W. Franklin St.		23C. DATE SIGNED 12-4-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-7-52	24C. NAME OF CEMETERY OR CREMATORY Arbiter Memorial Park	24D. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Samuel H. Sullivan ADDRESS 1011 W. Huntington Ave	

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355
52 11027BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11027
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAX GOODMAN		2. DATE OF DEATH 12/4/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-04	
c. Length of stay in Baltimore 39 1/2 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1715 Glynne Falls Ave #17	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> (Specify)	8. DATE OF BIRTH Dec 26, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		10B. KIND OF BUSINESS OR INDUSTRY own Business	9. AGE (In years last birthday) 53 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Leon Goodman		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Ida	
17. INFORMANT Lena Goodman		ADDRESS 1715 Glynne Falls Parkway	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Edema (A) DUE TO Pulmonary Edema (B) DUE TO Bilateral Broncho-Pneumonia (C) DUE TO Chronic Bilateral Bronchiectasis at least 10 yrs	INTERVAL BETWEEN ONSET AND DEATH 48 hrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/4/52** 19__ to **12/4/52** 19__, that I last saw the deceased alive on **8-30-1952** and that death occurred at **9:01 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Robert A. Gerhard	23B. ADDRESS Lutheran Hosp.	23C. DATE SIGNED 12/4/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 12/5/52	24C. NAME OF CEMETERY OR CREMATORY Sharon Hill Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. H. Lennson	ADDRESS 1124-26 W. North Avenue
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1100

THE STATE OF TEXAS
COUNTY OF DALLAS

1100

Blank lined area for text entry.

52 11028

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11028

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE

HUMPHRY

Humphreys

2. DATE
OF
DEATH

December 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 3, 1874

9. AGE (In years
last birthday)

78

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Weston, W. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MARRSHALL MARTIN

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Robert M. Dawson - 2716 Spellman Rd

18. E 917.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Third degree burns of right thigh

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Gangrene of right foot

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2716 Spellman Road

21D. TIME (Month) (Day) (Year) (Hour)

November 6, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sustained burns from heating pad

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William C. Wood

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

12-7-52

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Arbutus, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.

25. FUNERAL DIRECTOR

Edgar L. Lynch - 2463 Druid Hill

VS 151

N-945-2

Aue-17

PLEASE WRITE CLEARLY, WITH CAPITAL LETTERS. PHYSICIANS: please write the causes of death clearly and legibly.
correct age is especially important.

MEDICAL CERTIFICATION

1901

1901



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460

52 11029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11029

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie Keller (KELLAR)

2. DATE
OF
DEATH

December 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7-28-10

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GREENWOOD, S. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ALONZO PRESTON

14. MOTHER'S MAIDEN NAME

NAMIE MORTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 57 y. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Diverticulitis, Dehiscence of
DUE TO Surgical Incision

6 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Uremia, Parotitis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 13, 1952

19B. MAJOR FINDINGS OF OPERATION

Divericulitis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 10-13, 1952 to 12-3, 1952, that I last saw the
deceased alive on 12-3, 1952, and that death occurred at 9:45 AM., from the causes and on the date stated above.

23A. SIGNATURE

Harold H. Baker

23B. ADDRESS

M. D.

23C. DATE SIGNED

Dec 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-5-52

24C. NAME OF CEMETERY OR CREMATORY

GREENWOOD

24D. LOCATION (City, town, or county)

S. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Joseph B. Locks, Jr. 1304 N. Central

25. FUNERAL DIRECTOR

ADDRESS

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52 11030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11030

BIRTH NO. MLB. 164223

1. NAME OF DECEASED (Type or Print) Anna Marshall		2. DATE OF DEATH 11-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01	
c. Length of stay in Baltimore 50 yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1608 Linden Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 1, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 75 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
13. FATHER'S NAME Albert Stoker		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? ?	
16. SOCIAL SECURITY RECORDS: Baltimore City Hospitals 4940 Eastern Ave		14. MOTHER'S MAIDEN NAME ?	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Infarction DUE TO (B) Arterio Sclerotic Cardio Vascular Disease DUE TO (C) ...		INTERVAL BETWEEN ONSET AND DEATH 5 min. Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-19-**, 19 **52** to **11-28-**, 19 **52** that I last saw the deceased alive on **11-28-**, 19 **52**, and that death occurred at **2:15 P.M.** from the causes and on the date stated above.

23A. SIGNATURE H. J. Williams	23B. ADDRESS 4940 Eastern Ave, Balto. Md.	23C. DATE SIGNED 11-28-52
---	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/5/52	24C. NAME OF CEMETERY OR CREMATORY Balto.	24D. LOCATION (City, town, or county) (State) Balto. Md.
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR DEC 5-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm Bok Inc. 1217 St. Paul st.
---	---	--

**BUREAU OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Name of Deceased [Illegible]		Date of Death [Illegible]	
Age of Deceased [Illegible]		Sex [Illegible]	
Race [Illegible]		Marital Status [Illegible]	
Usual Residence [Illegible]		Place of Death [Illegible]	
Cause of Death [Illegible]		Manner of Death [Illegible]	
Physician's Signature [Illegible]		Registrar's Signature [Illegible]	

CAUSE OF DEATH

Immediate Cause [Illegible]	Intermediate Cause [Illegible]	Remote Cause [Illegible]
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OTHER INFORMATION CONCERNING THIS CASE
 [Illegible]

Date of Burial [Illegible]		Place of Burial [Illegible]	
Name of Burial Place [Illegible]		Name of Undertaker [Illegible]	
Name of Coroner [Illegible]		Name of Medical Examiner [Illegible]	
Name of Police Officer [Illegible]		Name of Health Officer [Illegible]	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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52 11031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11031

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jack Edward Webb

2. DATE
OF
DEATH

December 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

718 Puritan Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 24, 1915

9. AGE (in years
last birthday)

37

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Master Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Textile

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Frank Edward Webb

14. MOTHER'S MAIDEN NAME

Mary V. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
215-07-6710

17. INFORMANT

Mrs. Ruth M. Webb

ADDRESS

718 Puritan Street

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

two hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

two years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from November 25, 1952 to November 29, 1952, that I last saw the deceased alive on November 29, 1952, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 5 - 1952

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

55-44E Horace F. Burgee

1001 31

REMARKS FOR THE PRESENT

CERTIFICATE OF EVIDENCE

1001 31

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3-650

52 11032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11032

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Brown

2. DATE
OF
DEATH

12-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

417 Jefferson Ave.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

417 Jefferson Ave. Towson, Md.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Colored.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Sept. 1, 1871

9. AGE (In years
last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Brown

14. MOTHER'S MAIDEN NAME

Alice Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Patient

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-28-52

19B. MAJOR FINDINGS OF OPERATION

Right inguinal hernia

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 1952 to 12-4, 1952 that I last saw the
deceased alive on 12-4, 1952 and that death occurred at 3:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Elias Raffol

M.D.

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

12-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. Burial

12-8-52

St. Lukes Law

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

DEC 5 - 1952

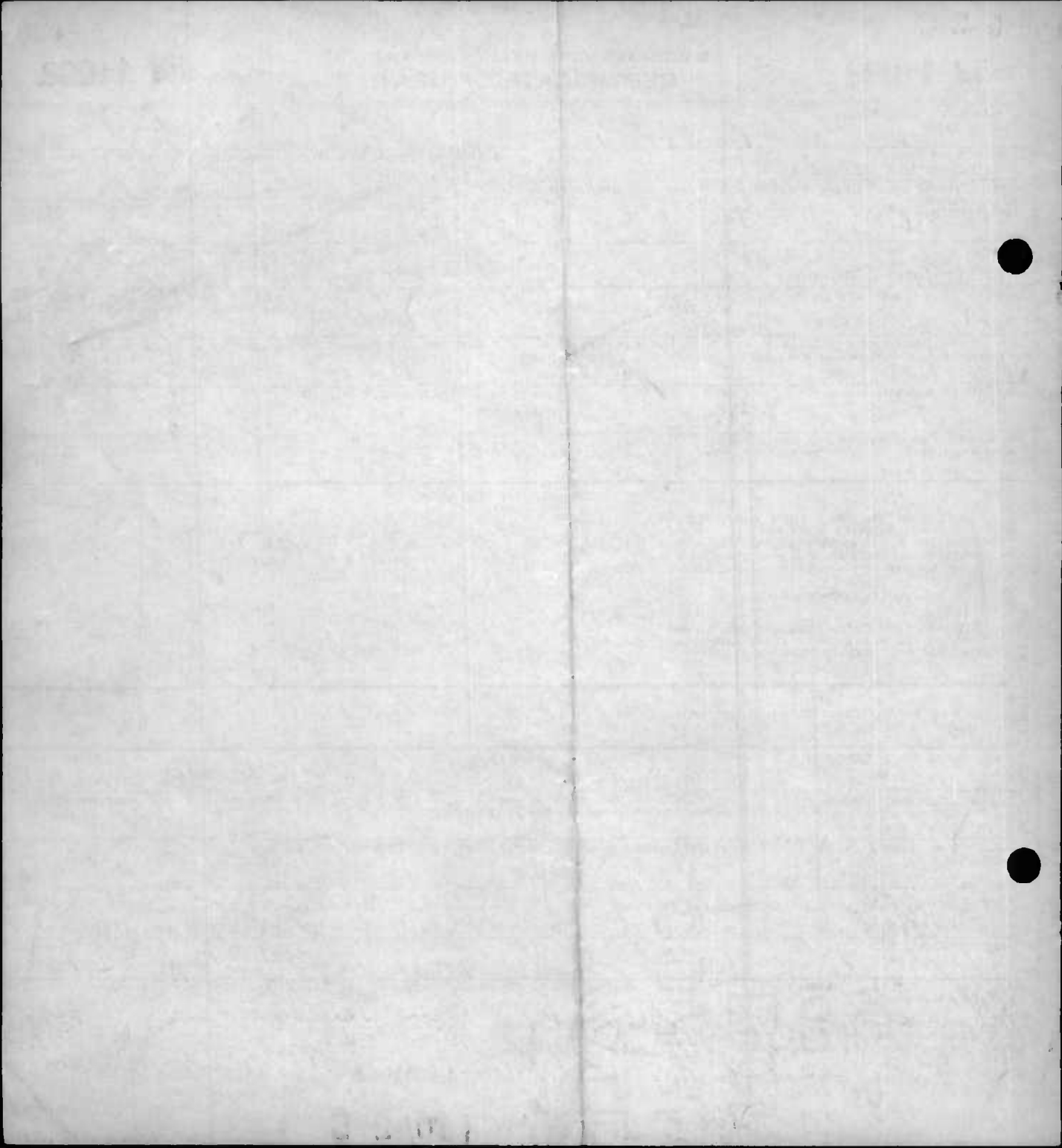
Mrs. Frances A. Hensley, Biddle

VS 150

14520011025

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



530
52 11033BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11033

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mundie, Malcolm A. (SR.)</i>			2. DATE OF DEATH <i>Thurs. 12-4-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>La Balto Gen'l Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 24-04</i>		
C. Length of stay in Baltimore <i>About 45 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1515 Henry St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 28, 1889</i>	9. AGE (in years last birthday) <i>63</i>	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Freight Conductor (Ret.) B. & O. P. R.</i>			11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>(P)</i>			14. MOTHER'S MAIDEN NAME <i>(P)</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>705-09-4993</i>		
17. INFORMANT <i>Mrs. Nellie V. Mundie (Wife)</i>			ADDRESS <i>Lane</i>		

18. *420.1 and 162X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Coronary occlusion*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary arteriosclerosis*
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchogenic Carcinoma, lung

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *11-28* 19*52* to *12-4* 19*52*, that I last saw the deceased alive on *12-4* 19*52* and that death occurred at *3:58* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Wm. Conway</i>		23B. ADDRESS <i>South Baltimore Gen'l Hosp</i>		23C. DATE SIGNED <i>12/4/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 8, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western Cem.</i>	
24D. LOCATION (City, town or county) (State) <i>Balto Md</i>		25. FUNERAL DIRECTOR <i>G. Howard Evans</i>		ADDRESS <i>14025 Charles St Balto 3044</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 5-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

VS 150

8-10-33

8-10-33

THE UNIVERSITY OF CHICAGO

WALTER
COLLIER
FOND
H. S. A.

460
52 11034BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11034

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Johanna Taylor</i>		2. DATE OF DEATH <i>Dec 3, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4600 Belair Rd</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>27-01</i>	
c. Length of stay in Baltimore <i>49</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4600 Belair Rd</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>May 12, 1894</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sales Lady</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Reeds Drug Co</i>	9. AGE (in years last birthday) <i>58</i>
13. FATHER'S NAME <i>John A Evans</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		14. MOTHER'S MAIDEN NAME <i>Pyron A. Skidmore</i>	
16. SOCIAL SECURITY NO. <i>26-14-356</i>		17. INFORMANT ADDRESS <i>Clarence E Evans 2522 N. Calvert</i>	
18. <i>421.4</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Acute Cardiac Dilatation</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic Valvular Endocarditis</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>—</i>			
19A. DATE OF OPERATION <i>—</i>		19B. MAJOR FINDINGS OF OPERATION <i>—</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	
21C. WHERE DID INJURY OCCUR? <i>—</i>		(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <i>—</i>			
22. I hereby certify that I attended the deceased from <i>July 15, 1952</i> to <i>Dec 3, 1952</i> , that I last saw the deceased alive on <i>Dec 1, 1952</i> , and that death occurred at <i>3:00 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>John A. Scheurich</i>		23B. ADDRESS <i>1337 S. Charles St.</i>	
23C. DATE SIGNED <i>12/3/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 6, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Beaumont Hall</i>		24D. LOCATION (City, town, or county) (State) <i>Alto Md</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>1400 S. Charles St</i>	

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

25 141 14

WASHINGTON COUNTY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of funeral director	
13. Signature of health officer		14. Signature of board of health		15. Signature of board of supervisors		16. Signature of board of trustees	
17. Signature of board of education		18. Signature of board of fire commissioners		19. Signature of board of police commissioners		20. Signature of board of public works	
21. Signature of board of public safety		22. Signature of board of public health		23. Signature of board of public works		24. Signature of board of public safety	
25. Signature of board of public health		26. Signature of board of public works		27. Signature of board of public safety		28. Signature of board of public health	
29. Signature of board of public works		30. Signature of board of public safety		31. Signature of board of public health		32. Signature of board of public works	
33. Signature of board of public safety		34. Signature of board of public health		35. Signature of board of public works		36. Signature of board of public safety	
37. Signature of board of public health		38. Signature of board of public works		39. Signature of board of public safety		40. Signature of board of public health	
41. Signature of board of public works		42. Signature of board of public safety		43. Signature of board of public health		44. Signature of board of public works	
45. Signature of board of public safety		46. Signature of board of public health		47. Signature of board of public works		48. Signature of board of public safety	
49. Signature of board of public health		50. Signature of board of public works		51. Signature of board of public safety		52. Signature of board of public health	
53. Signature of board of public works		54. Signature of board of public safety		55. Signature of board of public health		56. Signature of board of public works	
57. Signature of board of public safety		58. Signature of board of public health		59. Signature of board of public works		60. Signature of board of public safety	
61. Signature of board of public health		62. Signature of board of public works		63. Signature of board of public safety		64. Signature of board of public health	
65. Signature of board of public works		66. Signature of board of public safety		67. Signature of board of public health		68. Signature of board of public works	
69. Signature of board of public safety		70. Signature of board of public health		71. Signature of board of public works		72. Signature of board of public safety	
73. Signature of board of public health		74. Signature of board of public works		75. Signature of board of public safety		76. Signature of board of public health	
77. Signature of board of public works		78. Signature of board of public safety		79. Signature of board of public health		80. Signature of board of public works	
81. Signature of board of public safety		82. Signature of board of public health		83. Signature of board of public works		84. Signature of board of public safety	
85. Signature of board of public health		86. Signature of board of public works		87. Signature of board of public safety		88. Signature of board of public health	
89. Signature of board of public works		90. Signature of board of public safety		91. Signature of board of public health		92. Signature of board of public works	
93. Signature of board of public safety		94. Signature of board of public health		95. Signature of board of public works		96. Signature of board of public safety	
97. Signature of board of public health		98. Signature of board of public works		99. Signature of board of public safety		100. Signature of board of public health	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11035
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISAAC MILLER

2. DATE
OF
DEATH

12-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1733 No Gentelow St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-03

D. STREET ADDRESS (If rural, give location)

1733 No Gentelow St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years last birthday)

36

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

merchant

10B. KIND OF BUSINESS OR INDUSTRY

Furniture

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael

14. MOTHER'S MAIDEN NAME

Ella

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Minnie Miller - same

18. *341X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

Cardiac Insufficiency

DUE TO

Hypertension Cardiac Hypertrophy

(B)

Asthmatic Bronchitis

DUE TO

(C)

Parkeinson's Disease

INTERVAL BETWEEN ONSET AND DEATH

3 days

3-5 years

10 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Parkeinson's Disease

10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *1950* to *12/5*, 1952, that I last saw the deceased alive on *12/5*, 1952, and that death occurred at *7:00* a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Shundan Coan M.D.

2201 Eutaw Place

12/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

12-7-52

Oberholom Washington D.C.

D.C.

5-15-52

Huntington Williams M.D.

Jack Lewis

2100 Eutaw Pl

VS 150

19520011020

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1901 52.

1901 52.

1901 52.

52 11036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11036

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lena Henson

2. DATE
OF
DEATH

11-30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

233 N. Schroeder St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

233 N. Schroeder St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 28, 1880

9. AGE (In years,
last birthday)

72

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Denton Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Abraham Henson

14. MOTHER'S MAIDEN NAME

Eliza Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Emma Holland Saratoga St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart Failure

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-vascular Dis

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Oct 10, 1952, to Nov 30, 1952, that I last saw the
deceased alive on Nov 29, 1952, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Hebert L. Hines

23B. ADDRESS

1325 N. Landon St.

23C. DATE SIGNED

12/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

12/5/52

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion Cem

24D. LOCATION (City, town, or county) (State)

Lansdowne Md.

25. FUNERAL DIRECTOR

The Kate R. Williams & Son

ADDRESS

DEC 5 - 1952

VS 150

correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MINISTRE DU SÉRIE DÉPARTEMENT CERTIFICATE OF DEATH

STATE OF DEATH

1. NAME OF DECEASED
2. SEX
3. AGE
4. DATE OF BIRTH
5. PLACE OF BIRTH
6. OCCUPATION
7. MARITAL STATUS
8. RELIGION
9. EDUCATION
10. SOCIAL CLASS

11. CAUSE OF DEATH
12. MANNER OF DEATH
13. PLACE OF DEATH
14. DATE OF DEATH
15. TIME OF DEATH
16. SIGNATURE OF DECEASED
17. SIGNATURE OF WITNESSES
18. SIGNATURE OF REGISTRAR
19. SIGNATURE OF MINISTER
20. SIGNATURE OF DEPUTY MINISTER

460
52 11037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11037
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MOLLIE B. TAYLOR

2. DATE
OF
DEATH Dec. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

605 N. Chapel Gate Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

605 N. Chapel Gate Lane

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 22, 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Irving Buck

14. MOTHER'S MAIDEN NAME

Nettie Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Lane

Miss Margaret Taylor - 605 N. Chapel Gate

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY THROMBOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) PULMONARY EDEMA

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1952 to 12/3, 1952 that I last saw the
deceased alive on 12/3, 1952, and that death occurred at 12:22 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/6/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 5 - 1952

Huntington Williams, M.D. J. Pickner & Sons

VS 150

19520011030 Balto 17, Md.

correct age is important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1917

1917

Name of Deceased		Age		Sex		Race		Marital Status		Occupation		Residence		Date of Death		Place of Death		Cause of Death		Time of Death		Signature of Physician		Signature of Registrar	

236
52 11038BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11038

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KLEOFAS V. LICHTER

2. DATE
OF
DEATH Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION Lutheran Hosp.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2909 W. North Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 25, 1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chef (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Lichter

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna Lichter-2909 W. North Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)
DUE TOArterio-Sclerotic-
Cardiovascular Runoff
disease.(B)
DUE TOapoplexy-
senility

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1950, to Dec 2, 1952, that I last saw the
deceased alive on Dec 2, 1952, and that death occurred at 61 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/6/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

DEC 5-1952 Huntington Williams, M.D. Hon. J. Lichten & Sons

520011031 Balto 17, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11039**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE DOUGLAS

2. DATE
OF
DEATH

12-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

915 W. Lombard St.

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/31/1891

9. AGE (In years last birthday)

71

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife at Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

CORNELIUS SULLIVAN

14. MOTHER'S MAIDEN NAME

Annie M. C. Court

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. John Douglas Lombard St.

ADDRESS

18. **193x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**OPERATIVE TRAUMA
during operation for
GLIOBLASTOMA.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-4-52

19B. MAJOR FINDINGS OF OPERATION

LARGE GLIOBLASTOMA - RT. PARIETAL

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **11-29, 1952**, to **12-4, 1952**, that I last saw the deceased alive on **12-4-52**, and that death occurred at **6 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

Wm. R. Greco

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

12-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/9/52

24C. NAME OF CEMETERY OR CREMATORY

Pro-Cathedral

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 5 - 1952

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

John F. Cowan Son

ADDRESS

VS 150

1952011032

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11040

52 11040

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT J. OBERLANDER

2. DATE

OF DEATH Dec. 2, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3922 Hudson St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Life

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
3922 Hudson St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 9, 1911

9. AGE (In years last birthday)

41

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Standard Oil Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Phillip T. Oberlander

14. MOTHER'S MAIDEN NAME

Mary Sammeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

214-01-4359

17. INFORMANT

ADDRESS

Winifred A. Oberlander

Same.

18.

193 x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Brain Tumor
Left frontal lobe.
(Glioblastoma multiforme)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 19, 1952, to Dec 2, 1952, that I last saw the deceased alive on Dec 2, 1952, and that death occurred at 2:58 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12- 6- 52.

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

7224 Eastern Ave Ba. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

901 S. Conkling St

VS 150

5.2 390661003

Dr. Leybo

1801. Eutaw Pl.

La. 56301

5 Trans.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11041**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elsie Ross (or Elsie Rose Butler)			2. DATE OF DEATH Dec. 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 40 Yrs.			D. STREET ADDRESS (If rural, give location) 423 North Calhoun Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July. 7. 1891		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Denton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Robert Fountain		
14. MOTHER'S MAIDEN NAME Susan Lewis Fountain			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Robert Butler 423 N. Calhoun St		

18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crema		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Glomerulo-nephritis		
(C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 2, 1952 , to Dec. 2, 1952 , that I last saw the deceased alive on Dec. 2, 1952 , and that death occurred at 3:00 P.m. , from the causes and on the date stated above.					

23A. SIGNATURE **Harold P. Henderson** M. O. 23B. ADDRESS **1309 David Hill Ave** 23C. DATE SIGNED **12-2-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/6/1952	24C. NAME OF CEMETERY OR CREMATORY Denton	24D. LOCATION (City, town, or county) (State) Denton Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		MUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1040 Brantly

19520011034

correct age is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1941 58

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

DATE OF DEATH

SEX

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF DECEASED

SIGNATURE OF WITNESS

SIGNATURE OF MINISTER

SIGNATURE OF CLERK

400
52 11042

CERTIFICATE CORRECTED 3/31/53 BS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 52 11042

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Esther Powell</i>		2. DATE OF DEATH <i>Dec-1-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHN HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1927 E Lafayette Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2-9-22</i>	9. AGE (In years last birthday) <i>30</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Tyres White</i>		14. MOTHER'S MAIDEN NAME <i>Estella ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHN HOPKINS HOSPITAL</i>	

18. <i>677 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Post partum hemorrhage</i> DUE TO <i>Ruptured Uterus</i> DUE TO <i>Antecedent causes</i> DUE TO <i>Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last.</i> <i>Antibiotic fluid emboli</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 1/4 hrs.</i>
--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-30</i> , 19 <i>52</i> , to <i>12-1</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>12-1</i> , 19 <i>52</i> , and that death occurred at <i>7:45</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank Busby</i>		23B. ADDRESS <i>JOHN HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/5/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md.</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 5 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>1000 Brantly Ave</i>		ADDRESS			

Dr. George Davis said Committee on Maternal Welfare
recommended this addition.

452
52 11043BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11043
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mable D. Williams

2. DATE
OF
DEATH

Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1016 Edmondson Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1016 Edmondson Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 29, 1899

9. AGE (In years
last birthday)

53

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

William Dunlap

14. MOTHER'S MAIDEN NAME

Jennie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Herbert Anthony 1016 Edmondson Ave

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Chronic Nephritis (Uremia)

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)Cerebral Hemorrhage
Arterio-sclerosis

0 wk

unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Nov 25, 1952, to Dec 2, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

M. D.

23B. ADDRESS

1532 E Monument St

23C. DATE SIGNED

Dec 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/5/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Arburn Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

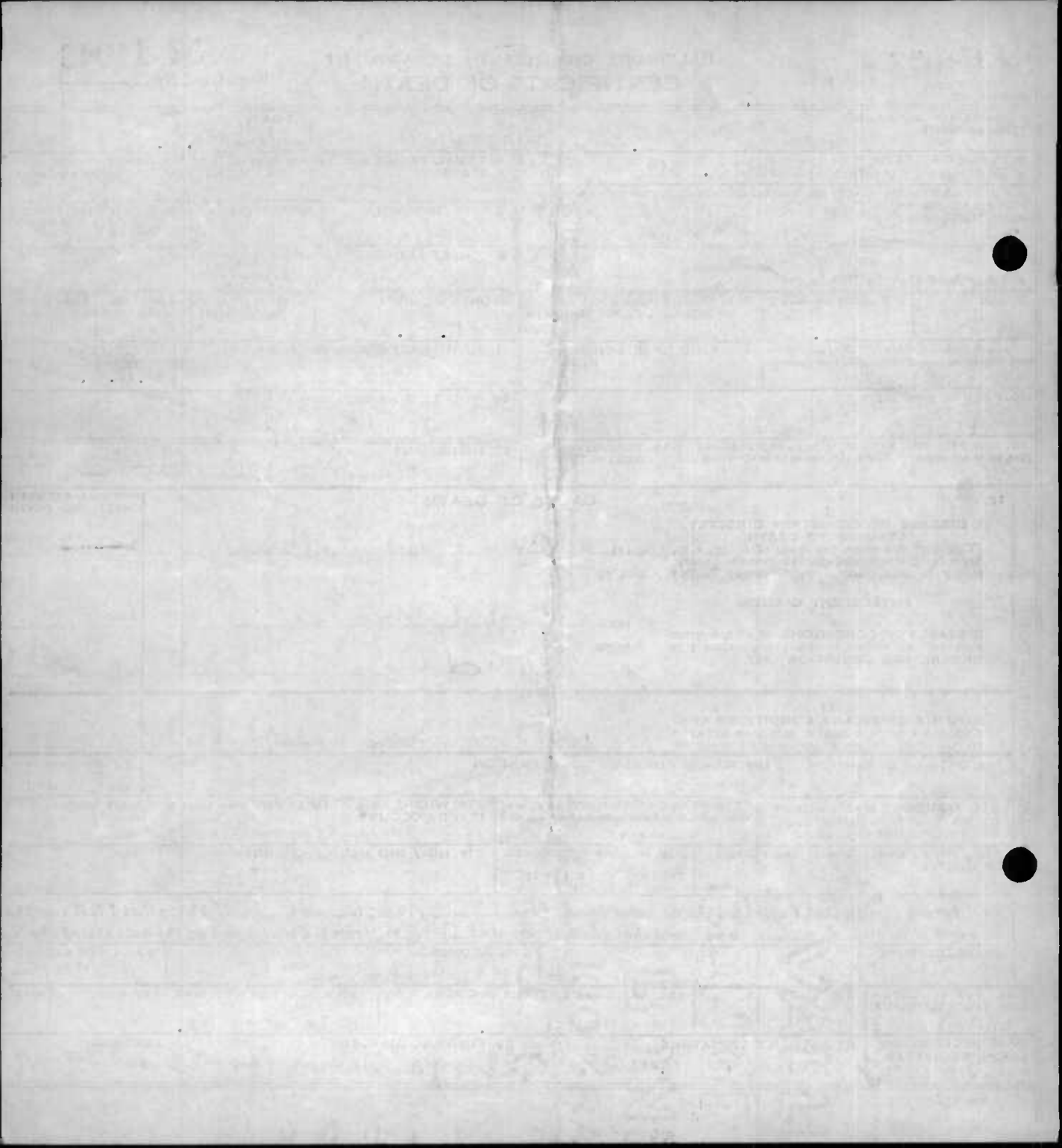
REGISTRAR'S SIGNATURE

DEC 5 - 1952

Huntington Williams, M.D. Elroy O. Wilson 1000 Brantley up

25. FUNERAL DIRECTOR

ADDRESS



552
52 11044BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11044

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

18. 422-1-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

N. N. E.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 16, 1951, to DEC 3, 1952, that I last saw the
deceased alive on DEC 3, 1952, and that death occurred at 7:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

625
52 11045BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11045

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George W. Harrison

2. DATE
OF
DEATH

December 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-4-08

9. AGE (In years,
last birthday)

44

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper - Act.

10B. KIND OF BUSINESS OR
INDUSTRY

Custom Tailoring

13. FATHER'S NAME

George W. Harrison

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Anna Hass

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 470.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

4 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary infarction

1 wk

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11-29, 1952, to 12-3, 1952, that I last saw the deceased alive on 12-3, 1952, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

Thomas Franklin Williams, M.D.

JOHNS HOPKINS HOSPITAL

12/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12-6-52

Mt. Olivet

Balto.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 5 - 1952

Huntington Williams, M.D.

George A. Foley Catonsville, Md.

650
52 11046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11046

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Miss Mildred W. Perine</i>		2. DATE OF DEATH <i>Dec. 5th 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>years</i>		D. STREET ADDRESS (If rural, give location) <i>216 W. Monument St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 30, 1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>77</i>
13. FATHER'S NAME <i>Elias Glenn Perine</i>		14. MOTHER'S MAIDEN NAME <i>Eliza Washington</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Hospital Record</i>		ADDRESS	

18. <i>584X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Kachexia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Nov. 23 Dec. 5th</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Anorexia, Myocardial insufficiency.</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Bilateral pneumonia, given Cholecystectomy, sclerotic heart disease</i>		
19A. DATE OF OPERATION <i>Nov. 3</i>	19B. MAJOR FINDINGS OF OPERATION <i>Cholelithiasis, cholecystitis</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Nov. 23</i> , 19 <i>52</i> to <i>Dec. 5</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Dec. 5th</i> , 19 <i>52</i> , and that death occurred at <i>2:30</i> a.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Rand Beachy Jr.</i>	23B. ADDRESS <i>Union Memorial Hospital</i>	23C. DATE SIGNED <i>Dec. 5th</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 6/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>
24D. LOCATION (City, town, or county) <i>Balto Md</i>		(State)
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 5 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. Jenkins & Sons Co 4905 York Rd</i>

VS 150

1 4 5 2 0 0 1 1 0 3 9

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

98 11050

98 11050

RECEIVED FOR DEPT. OF AGRICULTURE

98 11050

98 11050

RECEIVED FOR DEPT. OF AGRICULTURE

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98 11050

RECEIVED FOR DEPT. OF AGRICULTURE

240
52 11047BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11047
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

June D. Geckle

2. DATE
OF
DEATH

12/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1263 Battery Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1263 Battery Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1, 1925

9. AGE (In years
last birthday)

27

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Smith

14. MOTHER'S MAIDEN NAME

BLANCHE KLEN HENN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

David A. Geckle 1263 Battery Ave.

18. 410X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

30-60 sec

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardiac enlargement &
chronic Rheumatic Heart disease
with marked mitral stenosis

10 yr ±

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to Dec. 3rd, 1952, that I last saw the
deceased alive on Dec. 2, 1952, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/6/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemt.

24D. LOCATION (City, town, or county)

(State)

ANNE ARUNDEL Co. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 5-1952

Huntington Williams, M.D.

Marlene F. Hoffmann 1634 N. Broadway

10013 50

RECEIVED BY THE
OFFICE OF THE
ATTORNEY GENERAL

10013

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1901

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY: J. B. LIPPINCOTT & CO., PRINTERS.

1901

NEW YORK: J. B. LIPPINCOTT & CO., PRINTERS.

1901

ALBANY: J. B. LIPPINCOTT & CO., PRINTERS.

1901

362
52 11048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11048

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna M. Waters		2. DATE OF DEATH 12/2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3421 O'Donnell St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 65 yrs.		D. STREET ADDRESS (If rural, give location) 3421 O'Donnell St.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 26, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (in years last birthday) 69
13. FATHER'S NAME Richard R. Reinholt		11. BIRTHPLACE (State or foreign country) Germany	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Not Known	
17. INFORMANT William H. Waters, 3421 O'Donnell St.		ADDRESS	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Uremic Coma DUE TO Chn. Nephritis (B) Hypertensive Cardiovascular disease	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 11/27/52 11/5/48 11/5/48
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office Bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov 5, 1952, to Dec 2, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 4:00 m., from the causes and on the date stated above.				
23A. SIGNATURE William J. Cyranek M. D.		23B. ADDRESS 801 G Kenwood Dr		23C. DATE SIGNED DEC 2 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/6/52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24D. LOCATION (City, town, or county) Balto. Co.	(State) Md.

DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Clarence F. Hoffmann	ADDRESS 1639 G. Broadway
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1008

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
BUREAU OF PREVENTIVE MEDICINE
OFFICE OF THE ASSISTANT SECRETARY
GENERAL INVESTIGATION

1008

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
BUREAU OF PREVENTIVE MEDICINE
OFFICE OF THE ASSISTANT SECRETARY
GENERAL INVESTIGATION

626
52 11049BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11049
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE KIRCHIR		2. DATE OF DEATH DEC 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MD. B. COUNTY 6-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. Length of stay in Baltimore 62		E. STREET ADDRESS (If rural, give location) 157 N. Potomac St #24	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 26 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Continental Can Co.	
13. FATHER'S NAME George Kirchir		14. MOTHER'S MAIDEN NAME Veronica Lang	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 705-025997	
		17. INFORMANT ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 162x I	CAUSE OF DEATH Bronchogenic carcinoma		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) DUE TO		
	(B) DUE TO		
	(C) DUE TO		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION Dec 3, 1952		19B. MAJOR FINDINGS OF OPERATION Bronchogenic ca.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 18, 1952 to Dec 3, 1952 that I last saw the deceased alive on Dec 3, 1952 , and that death occurred at 10:03 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert A. Moore, Jr.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED Dec 3 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Dec 8-52		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) (State) Balti Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		25. ADDRESS John A. Moran 3000 E. Balt St	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. ADDRESS John A. Moran 3000 E. Balt St	

VS 150

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0530011012

CONFIDENTIAL

TOP SECRET

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11050
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Donald Kane</i>		2. DATE OF DEATH <i>12/13/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)	
D. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <i>913 E. Belvedere Av.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>March 12, 1943</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Harry Kane</i>		14. MOTHER'S MAIDEN NAME <i>Marie Wunteling</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <i>204.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Lymphoid Leukemia</i> (A) DUE TO <i>Cardiac-rupture</i> (B) DUE TO (C) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/3, 1952</i> to <i>12/13, 1952</i> , that I last saw the deceased alive on <i>12/3, 1952</i> , and that death occurred at <i>6 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Alfred J. Lanning, M.D.</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Dec 6 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Balti Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>3000 E. Bellost.</i>	

DATE RECEIVED BY LOCAL REGISTRAR
DEC 5 - 1952
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11051**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence J. Mc Cue

2. DATE
OF
DEATH

Dec. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Before admission

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1215 Holbrook Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1215 Holbrook Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 17, 1907

9. AGE (In years last birthday)

45

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coater, Enamel factory

10B. KIND OF BUSINESS OR INDUSTRY

factory

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick Mc Cue

(M)

14. MOTHER'S MAIDEN NAME

Lydia Staumbaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lenora D. Mc Cue, 1215 Holbrook

18. **420.1 I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

15 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial Asthma - allergic

25 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **14 Sept, 1949**, to **4 Dec, 1952**, that I last saw the deceased alive on **7 Nov, 1952**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

S. L. Lippert

M. D.

23B. ADDRESS

714 E. Preston St

23C. DATE SIGNED

4 Dec 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/8/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Rick, 5305 Harford Road.

626
52 11052BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11052

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edna Burkhardt			2. DATE OF DEATH December 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY before admission		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5410 Hamlet Ave., Balto., Md.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH OCT. 25-1905	9. AGE (in years last birthday) 47	47-26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles C. Freeland			14. MOTHER'S MAIDEN NAME BARBARA M. Bearham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Albert J. Burkhardt			ADDRESS T-SAME		

1B. 1964 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis due to ca. of lung DUE TO (A)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Adenocarcinoma of left jaw DUE TO (B)		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

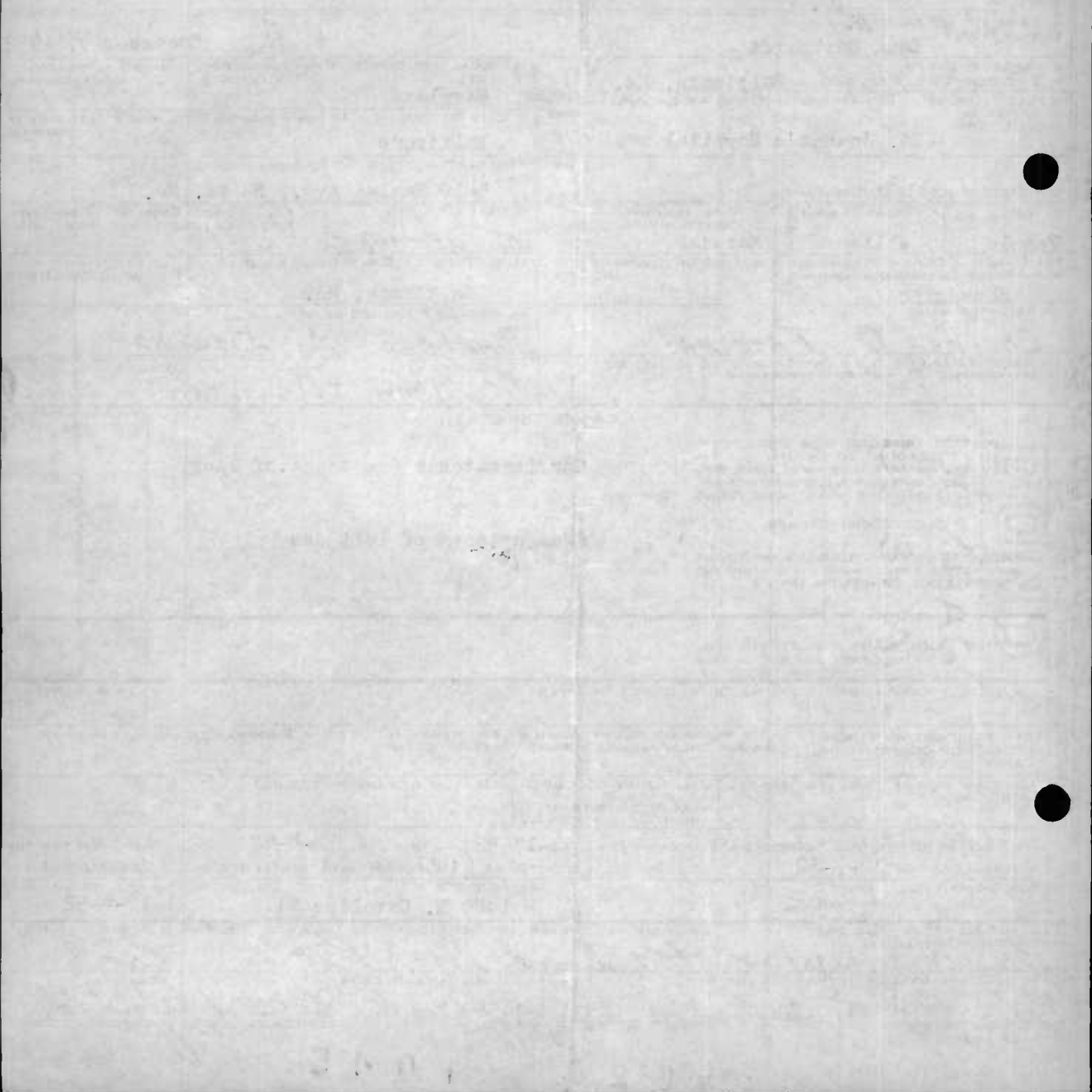
19A. DATE OF OPERATION 12-4-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-17-52 , 19__, to 12-4-52 , 19__, that I last saw the deceased alive on 12-4-52 , 19__, and that death occurred at 6:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Caroline Jones		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED 12-4-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/8/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 5-1952		REGISTRAR'S SIGNATURE Huntington Williams	25. GENERAL DIRECTOR L. J. Luck
		ADDRESS 5305 Harford Rd	

Sheet 31

UNITED STATES DEPARTMENT OF AGRICULTURE

PLANT INDUSTRY



425
52 11053BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11053

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FELGENHAUER, WILHELMINE S.

2. DATE
OF
DEATH

12/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

23

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/9/1898

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

ILLINOIS

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM ROHE

14. MOTHER'S MAIDEN NAME

ALWINE MEHRING

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edw. C. Felgenhauer - SAME

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Vascular Accident

INTERVAL BETWEEN
ONSET AND DEATH

11/30/52 to

12/5/52

ANTECEDENT CAUSES

(B)

Cardiovascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1952, to Dec. 5, 1952, that I last saw the
deceased alive on Dec. 5, 1952, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur Klein

M. D.

23B. ADDRESS

Mercy Hospital, Balt.

23C. DATE SIGNED

Dec. 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

12/9/52

24C. NAME OF CEMETERY OR CREMATORY

CONCORDIA CEM

24D. LOCATION (City, town, or county)

Forest Park Illinois

(State)

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

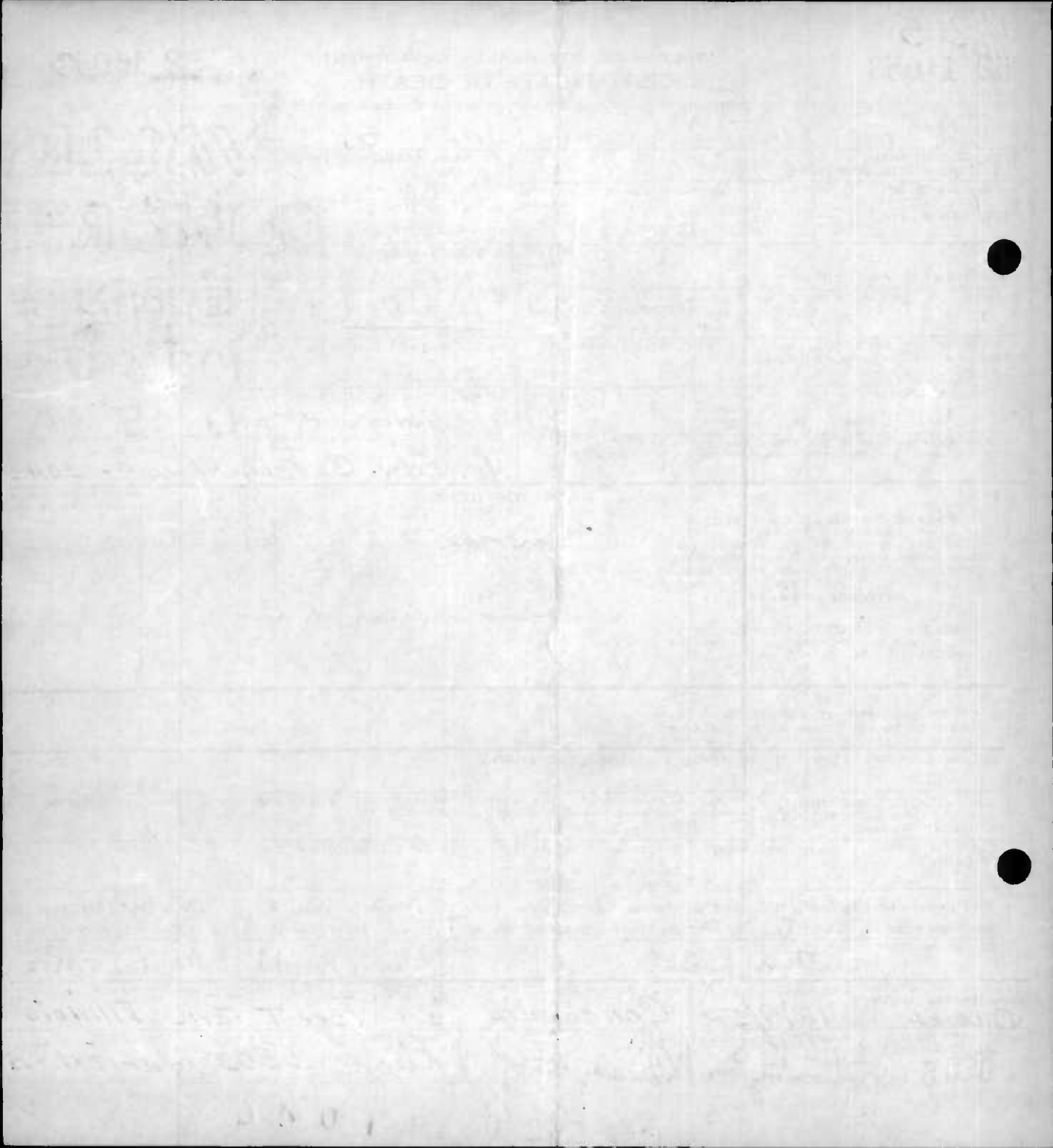
5305 Hartford Rd

VS 150

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correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11054**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Albert Bailey (Alma)		2. DATE OF DEATH Dec. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1125 N. Carey St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltc.	
c. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 1125 N. Carey St.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Dec. 26, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10B. KIND OF BUSINESS OR INDUSTRY Rest.	9. AGE (in years last birthday) 67
13. FATHER'S NAME Henry Bailey		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Edward Parker		ADDRESS 1125 N. Carey St.	

18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardi-vascular - renal disease		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years
(A) DUE TO		
(B) DUE TO cardiac decompensation		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Antecedent causes		(C) DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June , 1950, to Dec 3 , 1952, that I last saw the deceased alive on Dec 3 , 1952, and that death occurred at m. , from the causes and on the date stated above.				
23A. SIGNATURE James D. Carr		23B. ADDRESS 1427 Madison Ave		23C. DATE SIGNED 12.5.52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/6/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Geo. G. Kelson
		ADDRESS 1303 Presstman St.	

78466 Rec. 8th Kelson

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Signature of Physician	
13. Signature of Registrar		14. Date of Registration		15. Place of Registration		16. Remarks	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11055
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD RIPLEY (RIPPEY)			2. DATE OF DEATH December 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1826 Laurens Street			E. Length of stay in Baltimore ? Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 3/15/70	9. AGE (In years last birthday) 82	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Ellison Rippey			14. MOTHER'S MAIDEN NAME Clara Woods		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Walter Rippey			ADDRESS 2481 Druid Hill Ave.		

18. E 811.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of pelvis (A) XXXXXX			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Retroperitoneal hemorrhage (B) XXXXXX			DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive cardiovascular disease					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Laurens Street and Fulton Avenue	
21D. TIME (Month) (Day) (Year) (Hour) Dec. 3, 1952 8:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto (hit and run)	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Dec. 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/7/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Balto. Md.		24E. STATE Md.		24F. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Pres...	
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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STATION 1000

5011 ST

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52 11056BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11056
Registered No.

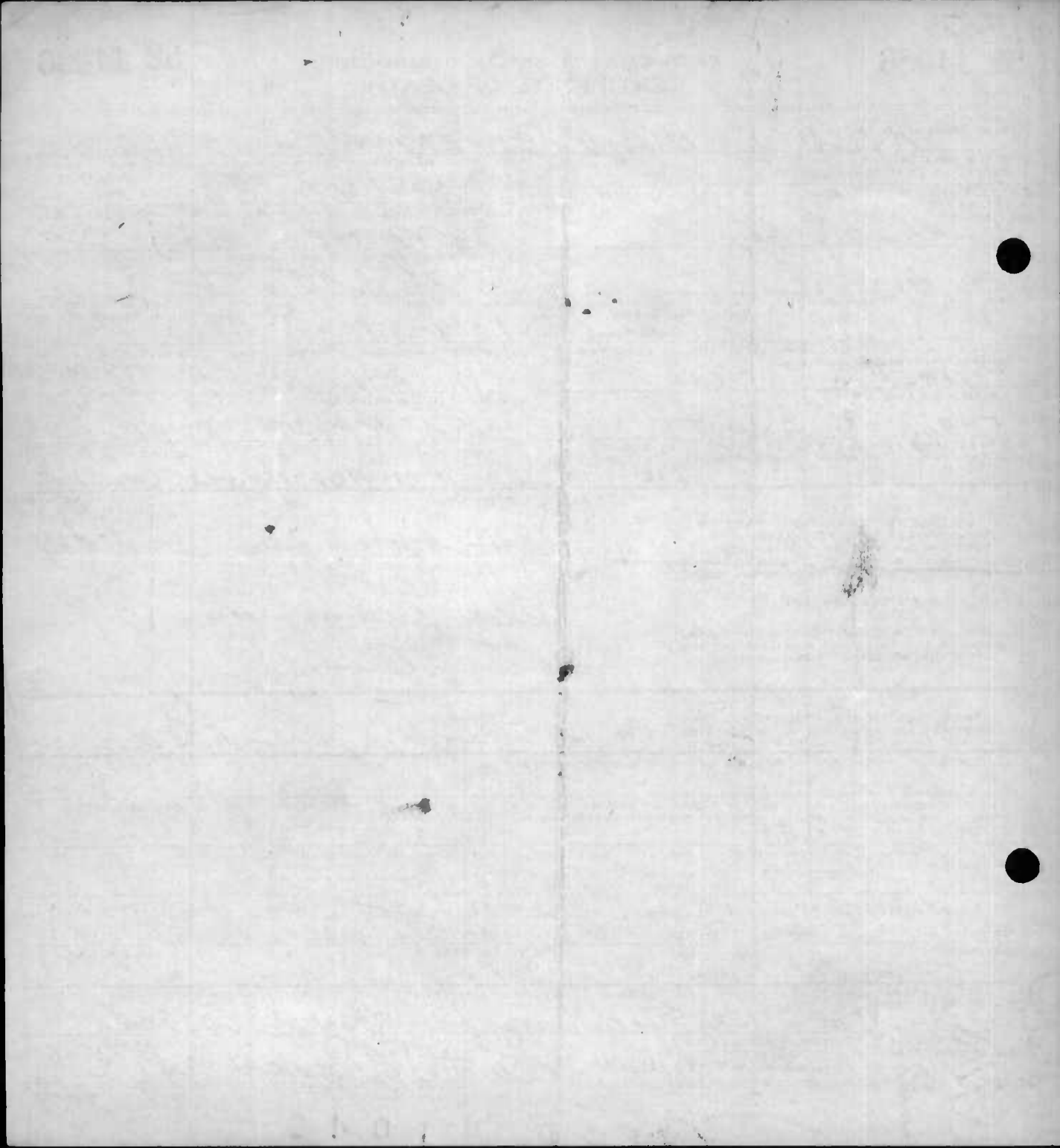
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ABBOTT, HUGH ELVERTON			2. DATE OF DEATH 3 DEC. '52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Sp Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3426 Chestnut Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-14-81	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY CLERK - CONFIRMATORY		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME FRANK J. ABBOTT.		14. MOTHER'S MAIDEN NAME KATHERINE RUPP	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-01-7321		17. INFORMANT ADDRESS EDITH M. ABBOTT - 3426 CHESTNUT AVE	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Bronchopneumonia		DUE TO		2+ days	
ANTECEDENT CAUSES		(B) Cardiac Decompensation		2+ days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Aortic Stenosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Coronary arteriosclerosis, rephosphorus Uremia			

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3 Dec. , 19 52 to 3 Dec. , 19 52 , that I last saw the deceased alive on 3 Dec. , 19 52 and that death occurred at 10:10 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Dean W. Dan, M.D.		23B. ADDRESS 6 Franklin Sp. Hosp.		23C. DATE SIGNED 3 Dec. 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE DEC 6, 1952		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) (State) Barroll Co, Md		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Clustin E. Donovan		24H. ADDRESS 3818 Roland Ave			

390.64 1.042



CERTIFICATE CORRECTED

4-6-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11057

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA M. BEHLING

2. DATE OF DEATH
Dec. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1703 E. Federal Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1703 E. Federal Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

about 1880

9. AGE (in years last birthday)

72

If Under 1 Year Months; Days
If Under 24 Hours Hours; Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Char Woman - Ret.10B. KIND OF BUSINESS OR INDUSTRY
Penna. R. R. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert P. Behling

14. MOTHER'S MAIDEN NAME

Dorothea Haupt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hilda Standiford, 1705 E. Lafayette

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerotic heart disease

several years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/15/1952 to 12/26/1952, that I last saw the deceased alive on 11/26/1952, and that death occurred at 3 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

12/8/52

24C. NAME OF CEMETERY OR CREMATORY

Schwartz's Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 6 - 1952

Huntington Williams, M.D.

Wm. Cook, Inc.,

1217 St. Paul Street

253 50

1957

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, NEW YORK

DATE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF BIRTH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

DATE OF INTERMENT: _____

PLACE OF INTERMENT: _____

DATE OF BURIAL: _____

PLACE OF BURIAL: _____

DATE OF CREMATION: _____

PLACE OF CREMATION: _____

DATE OF EXHUMATION: _____

PLACE OF EXHUMATION: _____

DATE OF REINTERMENT: _____

PLACE OF REINTERMENT: _____

DATE OF REBURIAL: _____

PLACE OF REBURIAL: _____

DATE OF RECREMATION: _____

PLACE OF RECREMATION: _____

DATE OF REEXHUMATION: _____

PLACE OF REEXHUMATION: _____

DATE OF REINTERMENT: _____

PLACE OF REINTERMENT: _____

FRONT 90°

STATE OF OHIO
COUNTY OF CUYAHOGA

1900

[Faint, mostly illegible text, likely a legal document or record. The text is mirrored across the page, suggesting a bleed-through from the reverse side. Discernible words include "STATE OF OHIO", "COUNTY OF CUYAHOGA", and "1900".]

635
52 11059BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11059

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth Portness

2. DATE
OF
DEATH

Dec-5-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, written RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1716 N. Calvert St.

c. Length of stay in Baltimore

Yrs.

6-Mos.

2-Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8-20-09

9. AGE (In years

last birthday)

45

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR

INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Elkins W. Va.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Shannon Hardman

14. MOTHER'S MAIDEN NAME

Flora Bowden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 584X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Biliary Cancer

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Biliary Obstruction
Gall Stones

3 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-25-52

19B. MAJOR FINDINGS OF OPERATION

Dilated Common Duct

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1952, to 12-5, 1952, that I last saw the
deceased alive on 12-5, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Harry William M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/8/52

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1217 St. Paul St.

ADDRESS

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1000

1000

<p>NAME OF DECEASED SEX AGE DATE OF BIRTH PLACE OF BIRTH</p>	<p>CAUSE OF DEATH MANNER OF DEATH PLACE OF DEATH DATE OF DEATH</p>	<p>NAME OF PHYSICIAN NAME OF NURSE NAME OF MINISTER NAME OF CHURCH NAME OF FUNERAL HOME NAME OF CEMETERY</p>
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340
52 11060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11060

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES WALTER STEELE

2. DATE
OF
DEATH

Dec. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 2314 Arunah Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2314 Arunah Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

male

white

married

Oct. 14, 1884

68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Engineering Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James A. Steele

14. MOTHER'S MAIDEN NAME

Margaret Maddock

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

218-10-2783

17. INFORMANT

ADDRESS

Mrs. Mary K. Steele - 2314 Arunah Ave.

18.

581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

6 hrs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 1952 to Dec 4, 1952, that I last saw the deceased alive on Dec 4, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Edward D. Hallins

M. D.

4300 Liberty HX3 Ave

12/5/52

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/6/52

Holy Redeemer Cem.

Balto., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 6 - 1952

Huntington Williams

Wm. J. Vickers & Sons

1000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH



CERTIFICATE CORRECTED 12-15-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 11061**

52 11061
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		THERON		ADAMS		2. DATE OF DEATH November 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital				A. STATE Maryland			
				C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)			
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 400 W. Pratt Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH June 23, 1895		9. AGE (In years last birthday) about 56 57	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen Helper		10B. KIND OF BUSINESS OR INDUSTRY Eudowood San.		11. BIRTHPLACE (State or foreign country) State Center, Iowa		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Cyrus D. Adams				14. MOTHER'S MAIDEN NAME Nellie Grange			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. W.W. #1 279-16-2150		17. INFORMANT ADDRESS Eudowood San. Personnel Records			

1B. 151X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the stomach with massive gastro-intestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE *William J. Pickner* M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **11/17/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24B. DATE **12/5/52** 24C. NAME OF CEMETERY OR CREMATORY **Hillside Cem.** 24D. LOCATION (City, town, or county) (State) **State Center, Iowa**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 5 - 1952** REGISTRAR'S SIGNATURE *Thurston Williams, M.D.* 25. FUNERAL DIRECTOR **Wm. J. Pickner & Sons** ADDRESS **Balto 17, Md**

21m 4.12.1941
11.11.1941

353
52 11062BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11062
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA GRISELDA MIDDENDORF			2. DATE OF DEATH 12-5-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3200 Berkshire Rd.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 34 Yrs. 4 Mos. 5 Days			d. STREET ADDRESS (If rural, give location) 3200 Berkshire Rd. (Baltimore)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Oct 1 - 1870	9. AGE (In years last birthday) 82	If Under 1 Year Months: 2 Days: 4 If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			11. BIRTHPLACE (State or foreign country) Harford Co md		
10b. KIND OF BUSINESS OR INDUSTRY ✓			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jacob H Hess			14. MOTHER'S MAIDEN NAME Mary E. Preston		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) —			16. SOCIAL SECURITY NO.		
17. INFORMANT Velma L Cummins			ADDRESS 3200 Berkshire Rd Baltimore		

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Coronary Sclerosis DUE TO Arteriosclerosis	CAUSE OF DEATH Coronary Thrombosis Coronary Sclerosis Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 1 day 4 years 5 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1932**, 19**32**, to **12-5-**, 19**52** that I last saw the deceased alive on **4-27-**, 19**52**, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. W. Peake	23b. ADDRESS 4508 Harford Road	23c. DATE SIGNED 12-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 8-52	24c. NAME OF CEMETERY OR CREMATORY Goodwill	24d. LOCATION (City, town, or county) (State) Bethesda & Harford, md
--	------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Martin S. Kurtz	ADDRESS Jarrettsville md
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RECEIVED

DATE

AMOUNT

PAID

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400
52 11063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11063
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM BAILEY		2. DATE OF DEATH 12.2.52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
c. Length of stay in Baltimore not known		d. STREET ADDRESS (If rural, give location) 1816 W. Fayette St	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Walchman		10b. KIND OF BUSINESS OR INDUSTRY Drystore	
13. FATHER'S NAME James Bailey Walchman		11. BIRTHPLACE (State or foreign country) Richmond Va	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) unknown		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Mrs. Walchman	
17. INFORMANT		ADDRESS	

18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hypertensive cardiac - DUE TO vascular - renal disease ANTECEDENT CAUSES cerebral hemorrhage DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 9 days
---	--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11.25.1951** to **12.2.1952** that I last saw the deceased alive on **11.31.1951**, 19**52**, and that death occurred at **11:58 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE J. E. Carr, M.D.	23B. ADDRESS 1427 Madison Ave	23C. DATE SIGNED 12.5.52
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12/6/52	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	24D. LOCATION (City, town, or county) (State) BALTO. MD.
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Charles Horner
		ADDRESS 512 E. ...	

80011

CERTIFICATE OF DEATH

1903

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620
52 11064BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11064
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN THOMAS PRICE			2. DATE OF DEATH 12/4/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1145 N CAREY ST.			C. CITY OR TOWN (If outside corporate limits, write CLARA and give township) BALTO		
c. Length of stay in Baltimore 5.5 yrs			D. STREET ADDRESS (If rural, give location) 1145 N CAREY ST.		
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH ?	9. AGE (In years, last birthday) 77	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST MARYS CO. MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME THOMAS PRICE			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 717-07-7572	17. INFORMANT ADDRESS LUCY RUSKIN		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH	(A) CHRONIC ARTHRITIS DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 YRS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) CARDIO VASCULAR DISEASE DUE TO	2 YRS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) HYPERTENSION	2 YRS.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JULY 15, 1952** to **DEC 4, 1952** that I last saw the deceased alive on **DEC 1, 1952** and that death occurred at **6 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE William F. Fry	23B. ADDRESS 1928 Penna Ave	23C. DATE SIGNED 12/5/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE DEC 8-1952	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 6-1952	REGISTRAR'S SIGNATURE H. H. Williams, M.D.	25. FUNERAL DIRECTOR Brooks Ruggold	ADDRESS 14637 Camp St

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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52 11065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11065

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIE IRVIN DAVIS

2. DATE
OF
DEATH

Dec. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5310 Gwynn Oak Ave,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5310 Gwynn Oak Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 12, 1861

9. AGE (in years
last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

L. W. Irvin

14. MOTHER'S MAIDEN NAME

Maria Matilda Earle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mary I. Davis - 5310 Gwynn Oak Ave.

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 - 1 - 1952, to 12 - 4 - 1952, that I last saw the
deceased alive on 12 - 4 - 1952 and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/6/52

Loudon Park Cem.

Baltg., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 6 - 1952

Thurston Williams, M.D.

Wm. J. Pickens & Sons

VS 150

Barto 17, Md.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11066

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Jessie Ordley (DUDLEY)

2. DATE
OF
DEATH

December 3, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md.* B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *14-63*

D. STREET ADDRESS (If rural, give location)
534 Lannens St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

12-12-88

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Dom. family

11. BIRTHPLACE (State or foreign country)

Middlesex Co. Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

A. R. Williams

14. MOTHER'S MAIDEN NAME

Betty Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

219-30-6562

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. *432X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pericarditis - Acute

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Pneumonia and Nephrosis

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-2, 1952*, to *12-3, 1952*, that I last saw the deceased alive on *12-3, 1952*, and that death occurred at *5 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Lawrence E. Shuman M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenwood M. Co. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

McClary Funeral Home

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH DEPARTMENT OF HEALTH

<p>1. Name of Deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of Birth</p>	
<p>5. Place of Birth</p>		<p>6. Usual Residence</p>		<p>7. Date of Death</p>		<p>8. Time of Death</p>	
<p>9. Cause of Death</p>		<p>10. Nature of Injury</p>		<p>11. Date of Injury</p>		<p>12. Place of Injury</p>	
<p>13. Name of Physician</p>		<p>14. Name of Medical Examiner</p>		<p>15. Name of Coroner</p>		<p>16. Name of Registrar</p>	
<p>17. Signature of Physician</p>		<p>18. Signature of Medical Examiner</p>		<p>19. Signature of Coroner</p>		<p>20. Signature of Registrar</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11067

Registered No. _____

636
52 11067
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William H. Carter</i>			2. DATE OF DEATH <i>Dec. 5, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>933 N. Stricker St.</i>			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore 16</i>		
C. Length of stay in Baltimore <i>48 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>933 N. Stricker St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 25, 1885</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired blackman</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Pa. R. R.</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>John Carter</i>			14. MOTHER'S MAIDEN NAME <i>Mariam Carter</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>717-07-6466</i>		
17. INFORMANT <i>Thelma Carter</i>			ADDRESS <i>933 N. Stricker St.</i>		

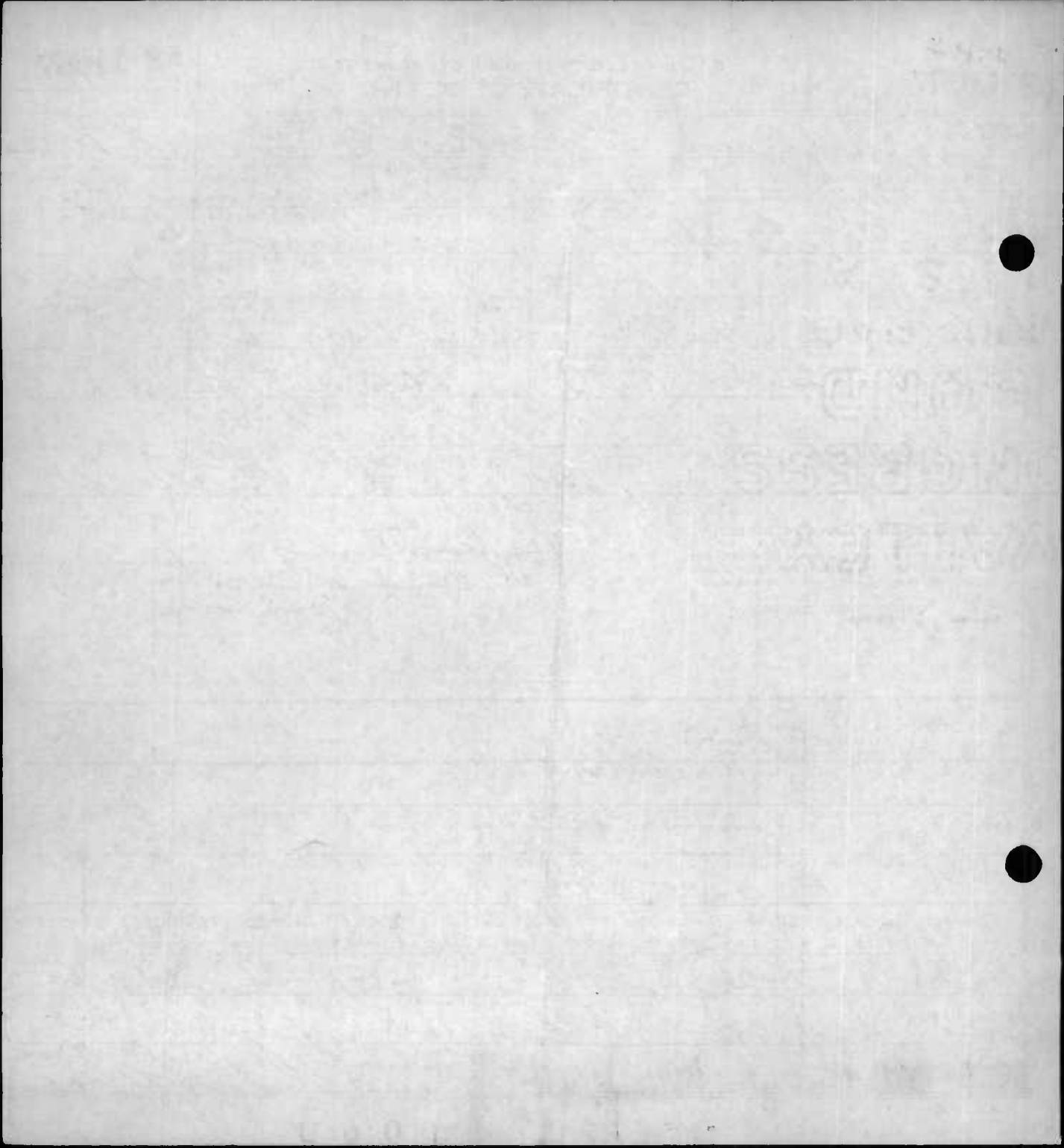
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertension</i> DUE TO <i>Cardiovascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *6-15*, 19*52* to *12-5*, 19*52*, that I last saw the deceased alive on *12-4*, 19*52* and that death occurred at *7:07 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *W. Atwell Jones* 23B. ADDRESS *554 Dolph St* 23C. DATE SIGNED *12-6-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 8, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 6 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>McClung Funeral Home</i>		ADDRESS <i>1631 David Hill Ave.</i>	



400
52 11068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11068
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Theodora Lee Cole</i>		2. DATE OF DEATH <i>Dec. 5, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>933 Lauretta Ave.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2001</i>	
c. Length of stay in Baltimore <i>4 Yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>1933 Lauretta Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Caucasoid</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan. 22, 1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (In years last birthday) <i>69</i>
11. BIRTHPLACE (State or foreign country) <i>Annapolis, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Benjamin F. Lee</i>		14. MOTHER'S MAIDEN NAME <i>Anna ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Theodora McGuire</i>		ADDRESS <i>1933 Lauretta Ave.</i>	

13. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis</i> DUE TO <i>Myocardial Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>P</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-1</i> , 19 <i>52</i> , to <i>12-5</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-5</i> , 19 <i>52</i> , and that death occurred at <i>11:45 AM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>L. M. W. Smith</i>		23B. ADDRESS <i>1011 W. 1st St.</i>		23C. DATE SIGNED <i>12-5-52</i>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 10, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>Halland Funeral Home</i>		ADDRESS <i>1631 Spruill Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 6 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>			

520011061

WALLEY
COMPRESS
BOND



1. NAME OF DECEASED (Type or Print) Mrs. Ethel Teter			2. DATE OF DEATH Dec. 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Washington		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Church Home Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerstown		
C. Length of stay in Baltimore 2 1/2			D. STREET ADDRESS (If rural, give location) 505 W. Franklin		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH Dec. 11, 1898		9. AGE (in years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Samuel Miller			14. MOTHER'S MAIDEN NAME Mary Royston		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Record		

18. 193 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Shock			INTERVAL BETWEEN ONSET AND DEATH 45 min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO operative Removal of Chordoma			1 1/2 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 12/5/52		19B. MAJOR FINDINGS OF OPERATION Massive Chordoma	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH No	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/3, 1952 to 12/5, 1952 that I last saw the deceased alive on 12/6, 1952 and that death occurred at 4:15 Pm., from the causes and on the date stated above.			
23A. SIGNATURE Ch. Mitchener Jr.		23B. ADDRESS M. D. Church Home Hospital	23C. DATE SIGNED 12/5/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 12/6/52	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) York, Penna.
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1952	REGISTRAR'S SIGNATURE Thunington Williams	25. FUNERAL DIRECTOR Scott J Minnich Hager	

10001 57

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

10001 57

note

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11070

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mr. George Smith</i>			2. DATE OF DEATH <i>12-4-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>BALTIMORE</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home + Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		
c. Length of stay in Baltimore <i>LIFE</i>			D. STREET ADDRESS (If rural, give location) <i>152 Stemmers Run Rd</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>1-9-1876</i>		9. AGE (in years last birthday) <i>76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED on farm</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>truck driver</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. FATHER'S NAME <i>Henry Smith</i>		
14. MOTHER'S MAIDEN NAME <i>Amelia Haddon</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Mr. Wm Smith</i>		
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i>			CAUSE OF DEATH <i>Baltimore</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>MULTIPLE Pulmonary infarction Atelectasis Pneumonia</i>					
19A. DATE OF OPERATION <i>12-4-52</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-27</i> , 19 <i>52</i> to <i>12-4</i> , 19 <i>52</i> that I last saw the deceased alive on <i>12-4</i> , 19 <i>52</i> and that death occurred at <i>12:01 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jack C Collins</i>			23B. ADDRESS <i>Church Home + Hospital</i>		23C. DATE SIGNED <i>12-4-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>Dec. 7, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Zion Lutheran Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Stemmers Run, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Lassus Funeral Home</i>	
				ADDRESS <i>7401 Belair Rd</i>	

11-11-50

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11071
Registered No.

52 11071

BIRTH NO. 52-28691

1. NAME OF DECEASED (Type or Print) <i>Ruth Ann Trotman</i>			2. DATE OF DEATH <i>12/5/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
C. Length of stay in Baltimore <i>7</i> Yrs. <i>7</i> Mos. <i>7</i> Days			D. STREET ADDRESS (If rural, give location) <i>2027 Presbury St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>11-29-52</i>	9. AGE in years last birthday <i>7</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto, Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Shelton Leamon Trotman</i>			14. MOTHER'S MAIDEN NAME <i>Ora Lee Mayfield</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mother</i>		ADDRESS <i>Same</i>

18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) <i>atalectasis</i>	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO	
	(B) <i>prematurity</i>	
	DUE TO	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11/29</i> , 19 <i>52</i> , to <i>12/5</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>12/5</i> , 19 <i>52</i> , and that death occurred at <i>9:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>C. J. Wellington</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>Dec. 8-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) <i>Balto</i>	(State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Jamieson Hayes</i>		ADDRESS <i>638 N. 9th</i>	

19520011064

correct age is especially important. Physicians: please write the causes of death clearly.

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52 11072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11072

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MELVIN S. MANN

2. DATE
OF
DEATH

Dec. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3804 Wabash Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3804 Wabash Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 7, 1890

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Agent

10B. KIND OF BUSINESS OR
INDUSTRY

Life Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Mann

14. MOTHER'S MAIDEN NAME

Hannah Simpson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mildred H. Mann - 3804 Wabash Ave

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

8 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1951 to Dec 5, 1952, that I last saw the deceased alive on Dec 5, 1952 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph D. B. King

M. D.

1210 Entour Place

12/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/8/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 6 - 1952 Huntington Williams

J. M. J. Tichenor & Sons

VS 150

450278 1 Balto. 17, Md.

MEDICAL CERTIFICATION
correct age is especially important. In any statement, please write the correct age.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11073
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY ELLEN KIRK			2. DATE OF DEATH Dec. 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Home for the Aged			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2211 W. Rogers Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 9, 1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -			10B. KIND OF BUSINESS OR INDUSTRY -		
13. FATHER'S NAME William Kirk			14. MOTHER'S MAIDEN NAME Ellen Mullin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mrs. Mamie B. Fisher - 2211 W. Rogers			ADDRESS _____		

18. 153 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the colon DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 4 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12-3-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **August**, 1952, to **December**, 1952, that I last saw the deceased alive on **12-3-**, 19 **52**, and that death occurred at **2:30 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE <i>Arthur J. Davis</i>	23B. ADDRESS 800 West 33rd Street-11	23C. DATE SIGNED 12-6-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/8/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Zion Meth. Ch. Cem.
24D. LOCATION (City, town, or county) Freeland, Md.		(State) _____

DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Fisher & Sons</i>	ADDRESS _____
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952001106 Paeto 17, md.

MEDICAL CERTIFICATION

MINNAPOLIS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME

DATE OF DEATH

AGE

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

DATE OF DEATH

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52 1107A

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1107A

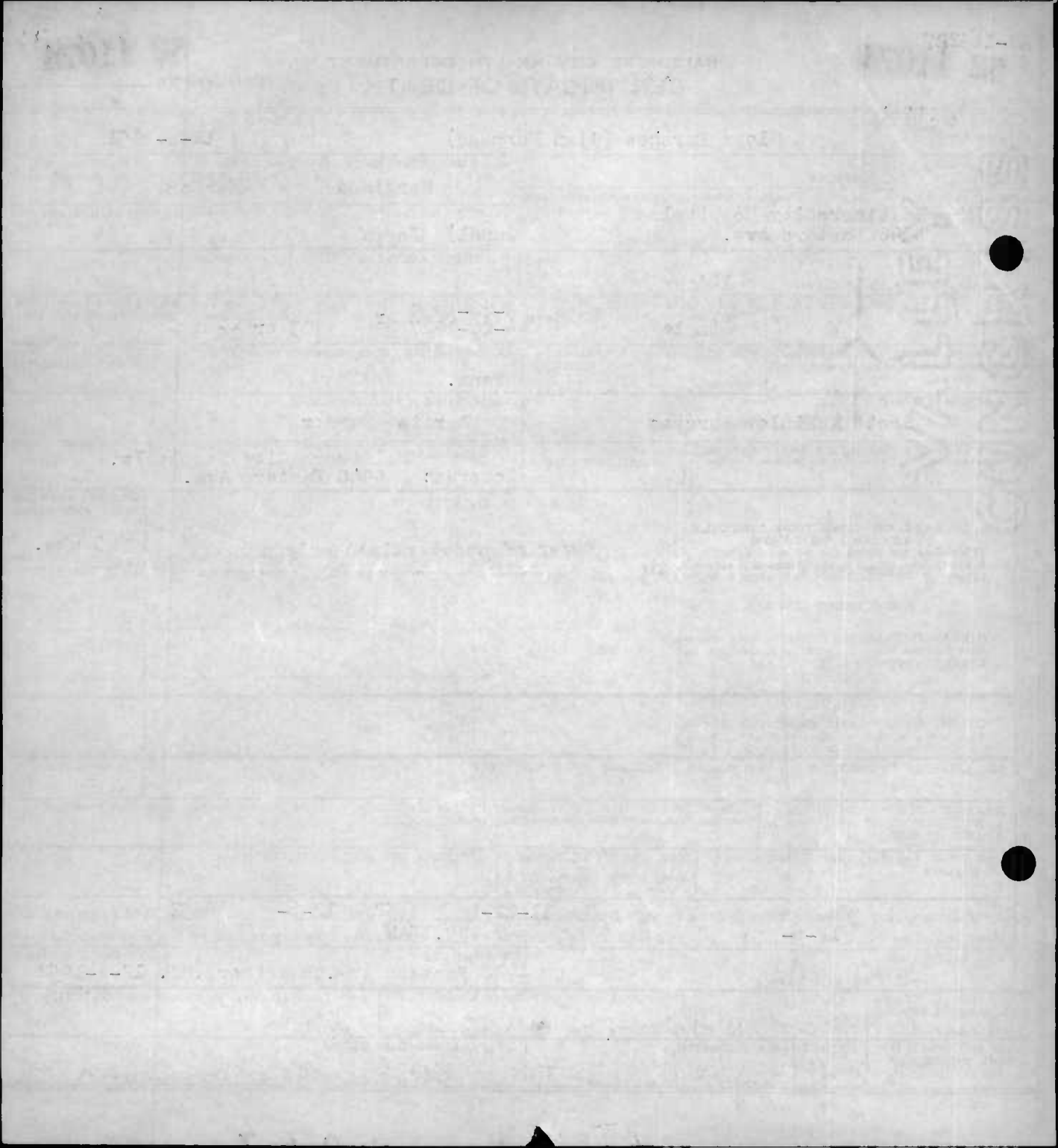
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Glenn Furches (Glen Furches)		2. DATE OF DEATH		12-6-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Harford			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural) Joppa			
c. Length of stay in Baltimore 14 days				D. STREET ADDRESS (if rural, give location)			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 4-28-1929 4-28-1927		9. AGE (In years last birthday) 23 or 25	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired!)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Scott McKinley Furches				14. MOTHER'S MAIDEN NAME Bertie Snyder			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals, Records: 4940 Eastern Ave.			

18. 788.8 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Fever of undetermined origin		INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-22-1952, to 12-6-1952, that I last saw the deceased alive on 12-6-1952, and that death occurred at 4:15 AM, from the causes and on the date stated above.					
23A. SIGNATURE H. M. Williams		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-6-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 8 1952		24C. NAME OF CEMETERY OR CREMATORY Mountain Christian	
24D. LOCATION (City, town, or county) (State) Joppa Md		24E. FUNERAL DIRECTOR W. S. Archer		24F. ADDRESS Benson Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



Med. Examiner Case Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 11075

52 11075

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucille Ford

2. DATE
OF
DEATH

Dec. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5-02

D. STREET ADDRESS (If rural, give location)

413 Forest St.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days Hours Min.

19

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 527.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary Edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

? Respiratory obstruction

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 3, 1952 to Dec 3, 1952, that I last saw the deceased alive on Dec 3, 1952, and that death occurred at 105P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1952

Huntington Williams, M.D.

Chas. O. Wilson, Mrs. Beatty

VS 150

To be Approved by Med Examiner 60

ave

EDICAL CERTIFICATION

correct age is extremely important

52 11076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11076

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John

Simms

2. DATE

OF

DEATH

12/3/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

106 North Bruce Street

C. Length of stay in Baltimore

7 Mos.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May. 28. 1892

9. AGE (In years
last birthday)

60

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Corker

10B. KIND OF BUSINESS OR
INDUSTRY

Ship

11. BIRTHPLACE (State or foreign country)

Prince George Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

David Simms

14. MOTHER'S MAIDEN NAME

Helen Diggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lottie Simms 106 N. Bruce St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of large intestine

1 yr

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12-1-1952, to 12-3-1952, that I last saw the
deceased alive on 12-2-1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/6/1952

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1952

Huntington Williams, M.D.

Elroy O. Wilson 1020 Beauty Ave

VS 150

6800341009

MEDICAL CERTIFICATION

Between 1207-711 ad.
1 and 2

636
52 11077BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11077
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JAMES CARTER		Dec. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 209 East Street		5. AGE (In years last birthday) 57	
6. LENGTH OF STAY IN BALTIMORE 40 yrs.		7. DATE OF BIRTH Aug. 15, 1895	
8. SEX Male		9. COLOR OR RACE Colored	
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11. BIRTHPLACE (State or foreign country) Hampton Va	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		13. CITIZEN OF WHAT COUNTRY? U. S. A.	
14. KIND OF BUSINESS OR INDUSTRY Barber		15. FATHER'S NAME Edward Carter	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO.	
18. INFORMANT William Mosely Jr		ADDRESS 2178. 8th ave	

18. 581.0	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Fatty infiltration of liver	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>R. F. Fisher</i>	23B. CHIEF MEDICAL EXAMINER M.D.	23C. DATE SIGNED Dec. 2, 1952

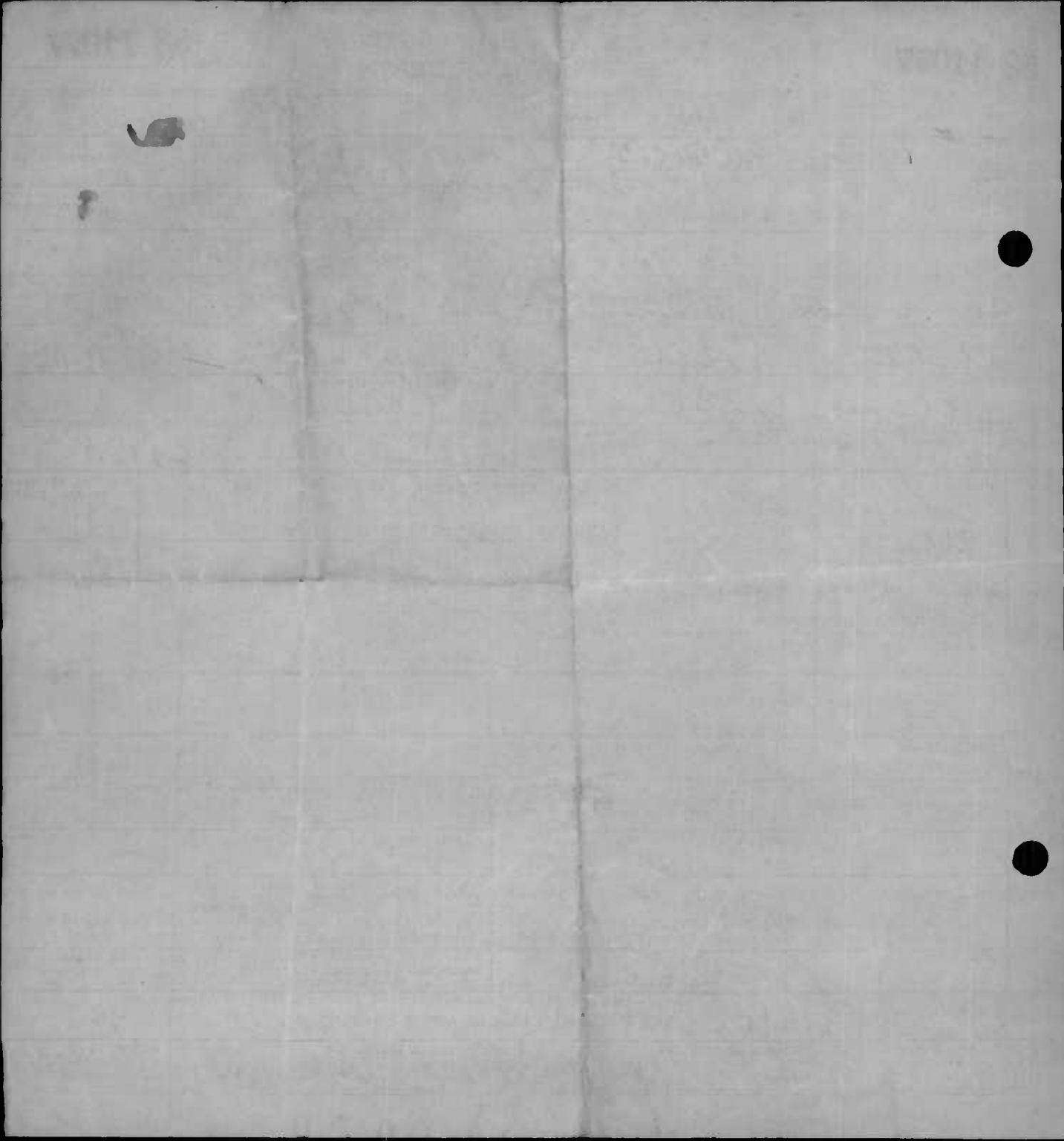
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/6/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Balto, Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elmer O. Wilson, Inc.	ADDRESS Baltimore

V S 151

7408F 1070

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



450
52 11078BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11078
Registered No.

BIRTH NO. 52-28583

1. NAME OF DECEASED
(Type or Print)

BABY BOY SHLIAN

2. DATE
OF
DEATH

11/24/52

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp. of Md.

C. Length of stay in Baltimore

2 days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

3732 W. Harrison Ave

8. DATE OF BIRTH

11/22/52

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Shlian

14. MOTHER'S MAIDEN NAME

Mildred Soller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

18. 754.4 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart failure

3 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital Heart Disease

2 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Unknown
Cephalocele, Bilateral Harelip, Club foot - Genital Hypoplasia 2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-22, 1952, to 11-24, 1952, that I last saw the deceased alive on 11-24, 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Lester Wells Jr.

M. D. Lutheran Hosp. of Md.

12-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL DEC 5 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

25 1108-1

STATE OF NEW YORK

CERTIFICATE OF DEATH

FILE NO. 1108-1

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX AT BIRTH

RACE AT BIRTH

RELIGION AT BIRTH

EDUCATION AT BIRTH

OCCUPATION AT BIRTH

RESIDENCE AT BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

CAUSE OF MARRIAGE

AGE AT MARRIAGE

SEX AT MARRIAGE

RACE AT MARRIAGE

RELIGION AT MARRIAGE

EDUCATION AT MARRIAGE

OCCUPATION AT MARRIAGE

RESIDENCE AT MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX AT BIRTH

RACE AT BIRTH

RELIGION AT BIRTH

EDUCATION AT BIRTH

OCCUPATION AT BIRTH

RESIDENCE AT BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

CAUSE OF MARRIAGE

AGE AT MARRIAGE

SEX AT MARRIAGE

RACE AT MARRIAGE

RELIGION AT MARRIAGE

EDUCATION AT MARRIAGE

OCCUPATION AT MARRIAGE

RESIDENCE AT MARRIAGE

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

436

52 11079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11079

Registered No.

BIRTH NO. 52-28279

1. NAME OF DECEASED (Type or Print) <i>Balmy Bay Showalter</i>			2. DATE OF DEATH <i>November 22, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>428 4 E.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>BALTO.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>md.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>David Showalter</i>			14. MOTHER'S MAIDEN NAME <i>Lala</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>754.61</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>A-V Fistula rt. temporal fossa</i> DUE TO (A) <i>temporal fossa</i> (B) <i>(arterio-venous)</i> (C) <i></i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>11-22-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Dilated rt common carotid artery</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-22, 1952*, to *11-22, 1952*, that I last saw the deceased alive on *11-22, 1952*, and that death occurred at *336 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Paul M. V. [illegible]</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11-22-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county)		(State)
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>
ADDRESS		

JOHN HOPKINS MEDICAL SCHOOL DEC 6 1952

520211072

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of Deceased: [Illegible]

2. Sex: [Illegible]

3. Age: [Illegible]

4. Date of Birth: [Illegible]

5. Date of Death: [Illegible]

6. Place of Death: [Illegible]

7. Cause of Death: [Illegible]

8. Signature of Physician: [Illegible]

9. Signature of Registrar: [Illegible]

10. Date of Registration: [Illegible]

52 11080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11080

Registered No.

BIRTH NO. 52-27089

1. NAME OF DECEASED
(Type or Print)

Marjorie Foreman

2. DATE
OF
DEATH

11-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1135 N. Stricker St.

C. Length of stay in Baltimore

16 Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-10-52

9. AGE (In years last birthday)

If Under 1 Year Months Days

16

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Foreman

14. MOTHER'S MAIDEN NAME

Coea Bunch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same address

18. 776 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11/10, 1952, to 11/25, 1952, that I last saw the deceased alive on 11/25, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

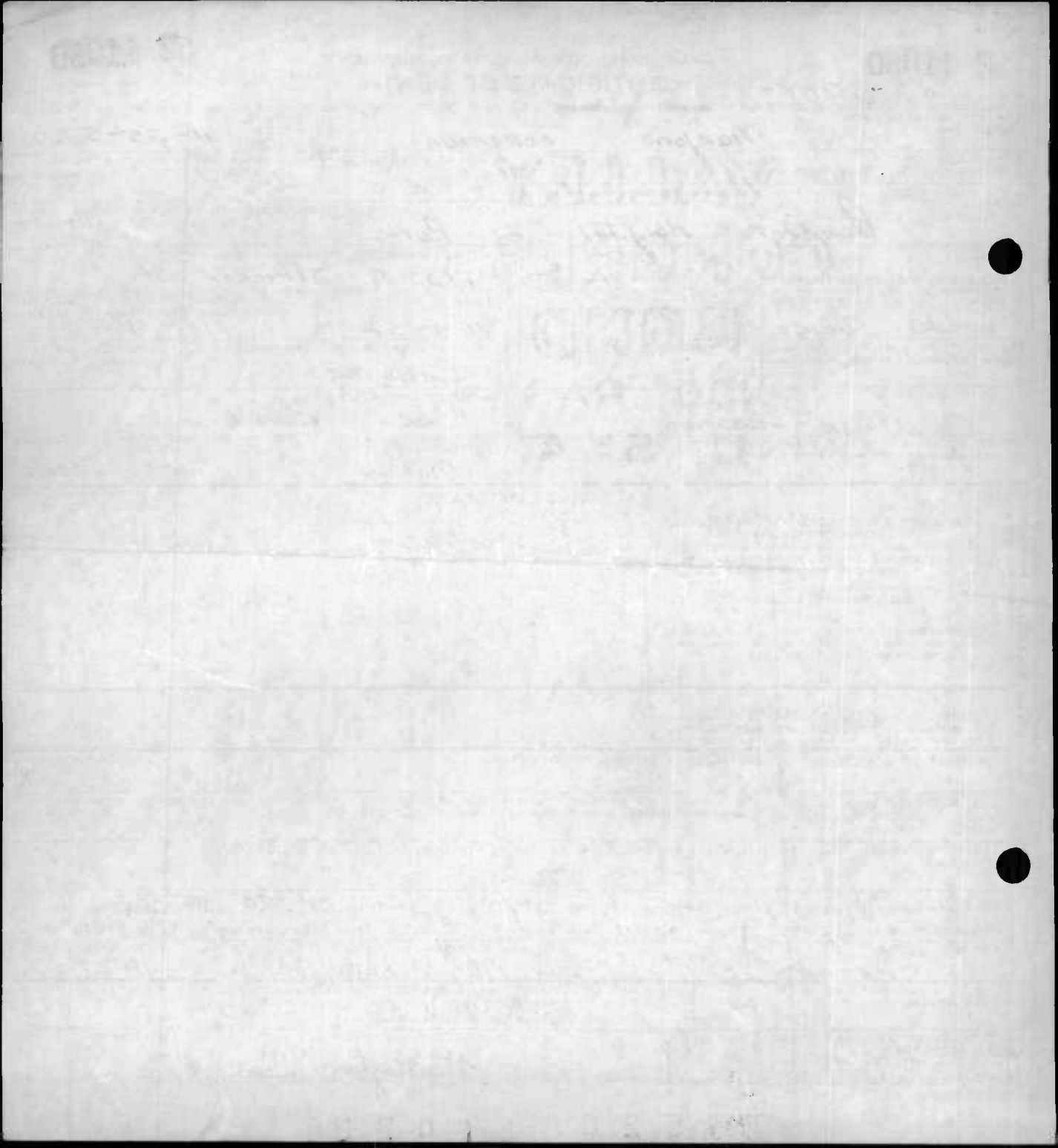
25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1952

Huntington Williams, M.D.

Huntington Williams, M.D.



52 11091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11091
Registered No.

BIRTH NO. 52-28530

1. NAME OF DECEASED (Type or Print) BABY CHARLES WILHELM			2. DATE OF DEATH DEC. 3, 1952		
3. PLACE OF DEATH: HOSP. FOR THE WOMEN OF MARYLAND			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 53-00		
5. FULL NAME OF HOSPITAL OR INSTITUTION HOSPITAL FOR THE WOMEN OF MARYLAND			C. CITY OR TOWN SPARKS (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 7 <small>Yes Mos. Days</small>			D. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH NOV. 26, 1952		9. AGE (In years last birthday) 7 <small>11</small>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLES BOSLEY			14. MOTHER'S MAIDEN NAME LEONA NAYLOR		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MOTHER SPARKS, MARYLAND		

18. 776 x 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH PREMATURITY (A) DUE TO PREMATURE ONSET OF LABOR (B) DUE TO PARTIAL PREMATURE SEPARATION OF PLACENTA (C)	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **NOV. 26, 1952**, to **DEC. 3, 1952**, that I last saw the deceased alive on **DEC. 3, 1952**, and that death occurred at **10:20 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Robert R. Zaczek** 23B. ADDRESS **Hosp. for the Women of Md.** 23C. DATE SIGNED **12-4-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY **JOHN HOPKINS MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **DEC 6 1952**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 7 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Huntington Williams, M.D.** ADDRESS

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Race		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Registrar	
11. Signature of Physician		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Registrar	
16. Signature of Deceased		17. Signature of Next of Kin		18. Signature of Burial Officer		19. Signature of Interment Officer		20. Signature of Burial Officer	
21. Signature of Interment Officer		22. Signature of Burial Officer		23. Signature of Interment Officer		24. Signature of Burial Officer		25. Signature of Interment Officer	
26. Signature of Burial Officer		27. Signature of Interment Officer		28. Signature of Burial Officer		29. Signature of Interment Officer		30. Signature of Burial Officer	
31. Signature of Interment Officer		32. Signature of Burial Officer		33. Signature of Interment Officer		34. Signature of Burial Officer		35. Signature of Interment Officer	
36. Signature of Burial Officer		37. Signature of Interment Officer		38. Signature of Burial Officer		39. Signature of Interment Officer		40. Signature of Burial Officer	
41. Signature of Interment Officer		42. Signature of Burial Officer		43. Signature of Interment Officer		44. Signature of Burial Officer		45. Signature of Interment Officer	
46. Signature of Burial Officer		47. Signature of Interment Officer		48. Signature of Burial Officer		49. Signature of Interment Officer		50. Signature of Burial Officer	
51. Signature of Interment Officer		52. Signature of Burial Officer		53. Signature of Interment Officer		54. Signature of Burial Officer		55. Signature of Interment Officer	
56. Signature of Burial Officer		57. Signature of Interment Officer		58. Signature of Burial Officer		59. Signature of Interment Officer		60. Signature of Burial Officer	
61. Signature of Interment Officer		62. Signature of Burial Officer		63. Signature of Interment Officer		64. Signature of Burial Officer		65. Signature of Interment Officer	
66. Signature of Burial Officer		67. Signature of Interment Officer		68. Signature of Burial Officer		69. Signature of Interment Officer		70. Signature of Burial Officer	
71. Signature of Interment Officer		72. Signature of Burial Officer		73. Signature of Interment Officer		74. Signature of Burial Officer		75. Signature of Interment Officer	
76. Signature of Burial Officer		77. Signature of Interment Officer		78. Signature of Burial Officer		79. Signature of Interment Officer		80. Signature of Burial Officer	
81. Signature of Interment Officer		82. Signature of Burial Officer		83. Signature of Interment Officer		84. Signature of Burial Officer		85. Signature of Interment Officer	
86. Signature of Burial Officer		87. Signature of Interment Officer		88. Signature of Burial Officer		89. Signature of Interment Officer		90. Signature of Burial Officer	
91. Signature of Interment Officer		92. Signature of Burial Officer		93. Signature of Interment Officer		94. Signature of Burial Officer		95. Signature of Interment Officer	
96. Signature of Burial Officer		97. Signature of Interment Officer		98. Signature of Burial Officer		99. Signature of Interment Officer		100. Signature of Burial Officer	

143

52 11082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11082
Registered No.

BIRTH NO.

52-26914

1. NAME OF DECEASED
(Type or Print)

Bernice Elizabeth Mayfield

2. DATE
OF
DEATH

11-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

Yrs.

Mos.

Days

C. Length of stay in Baltimore

9

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2100 Madison Ave.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-8-52

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

9

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herbert Steward

14. MOTHER'S MAIDEN NAME

Margaret A. Mayfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother

Same

18. 762.5 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congenital atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity (3 lbs 6 oz)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-8, 1952 to 11-16, 1952 that I last saw the
deceased alive on 11-16, 1952 and that death occurred at 4:39 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

DEC 7 - 1952

JOHN HOPKINS MEDICAL SCHOOL DEC 2 1952

Huntington Williams, M.D. Huntington Williams, M.D.

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250
52 11083BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11083
Registered No.

BIRTH NO. 52-26307

1. NAME OF DECEASED
(Type or Print)

Louise Florence Towson

2. DATE
OF
DEATH

11-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Batto.

D. STREET ADDRESS (If rural, give location)

1706 Harlem Ave.

c. Length of stay in Baltimore

17 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-1-52

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

17

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Batto, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Tommy Collins

14. MOTHER'S MAIDEN NAME

Dorothy Elizabeth Diggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Same address

ADDRESS
Mother

18. 762.5 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Congenital atelectasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

prematurity (4 lbs)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1952, to 11-17, 1952, that I last saw the deceased alive on 11-17, 1952, and that death occurred at 12:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

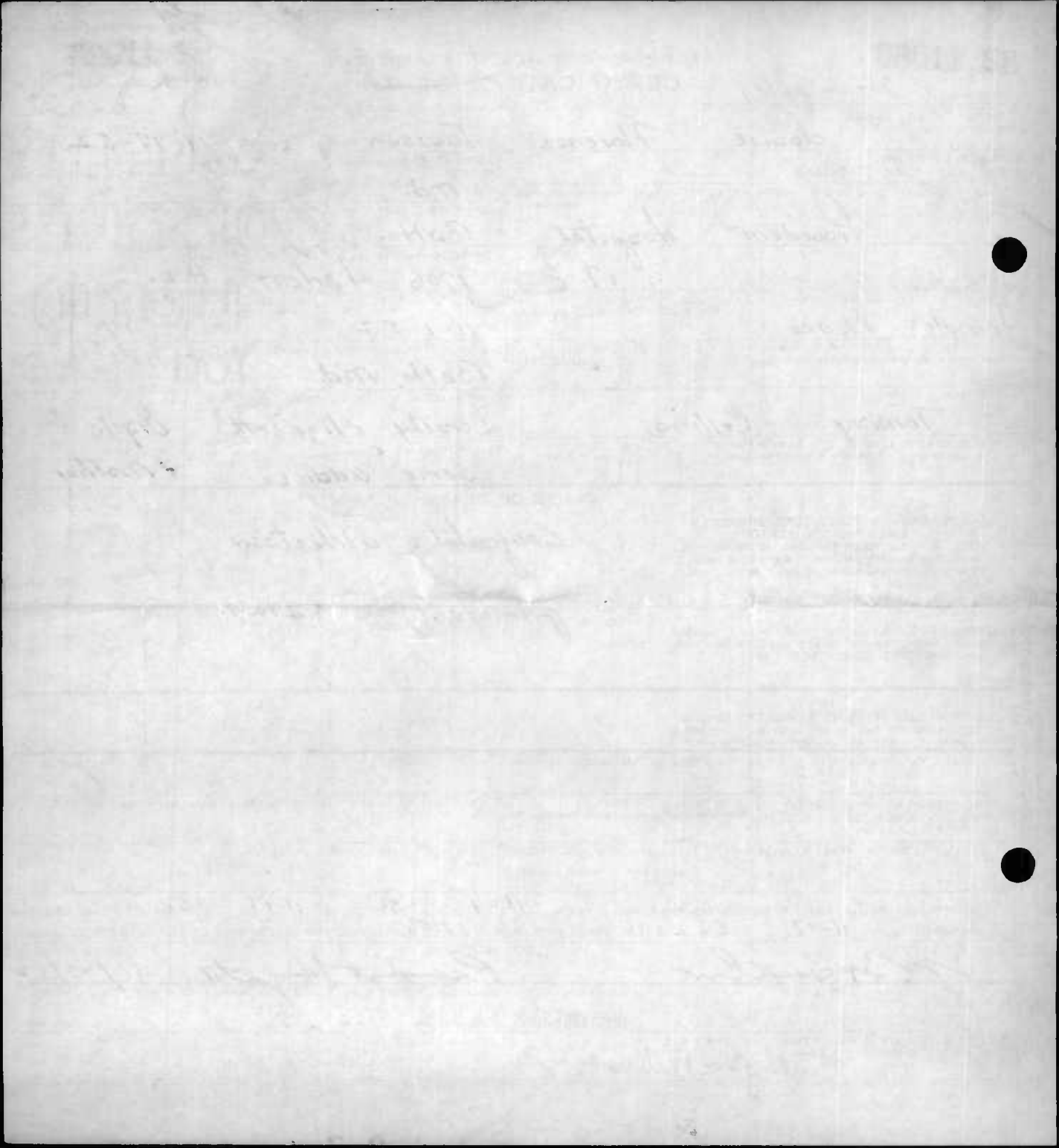
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52 11084

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11084
Registered No.

BIRTH NO. 52-28199

1. NAME OF DECEASED
(Type or Print)

Baby Girl Norvell

2. DATE
OF
DEATH

November 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

A-1 Cypress Drive

E. Length of stay in Baltimore 30 minutes

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-25-52

9. AGE (In years
last birthday)

30 min.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

0 30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Harold Norvell

14. MOTHER'S MAIDEN NAME

Dorothy Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 760.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intracranial hemorrhage

1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Precipitate labor

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25, 1952 to 11-25, 1952 that I last saw the
deceased alive on 11/25, 1952 and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. K. Calhoun

23B. ADDRESS

University Heights

23C. DATE SIGNED

11/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

DEC 6 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

1 2 5 2 0 0 1 1 0 7 7

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

100

620
52 11085BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11085

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Wick

2. DATE
OF
DEATH

Nov-19-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY PR GEO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Riverdale 66-00

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SP

8. DATE OF BIRTH

5-17-92

9. AGE (in years
last birthday)

60

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

3.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 148X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hemorrhage of unknown origin
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of Pharynx
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5-1952, to 11-19-1952, that I last saw the
deceased alive on 11-19-1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1894

Laminaria, etc.

455
52 11086BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11086
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEON KELMAN		2. DATE OF DEATH 12/5/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2860 W. Garrison Ave #15	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR OCCUPATION Salesman	9. AGE (In years last birthday) 45 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Yetta Kelman - Home		ADDRESS	
18. 446 X and 260 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Edema DUE TO (B) Uremia DUE TO (C) Intracapillary Glomerulo-sclerosis Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 48 hrs ?	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/5 , 19 52 , to 12/5 , 19 52 , that I last saw the deceased alive on 9 PM , 19 52 , and that death occurred at 9:50 m., from the causes and on the date stated above.			
23A. SIGNATURE A. W. Hubbard		23B. ADDRESS Lutheran Hospital	
23C. DATE SIGNED 12/5/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-7-52	
24C. NAME OF CEMETERY OR CREMATORY Herring Run		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Mark Lewis		ADDRESS 2100 Centaw Pl	

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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95204R 1079

85 11080

AT 11080

EXTRACT OF THE RECORDS OF THE

CERTIFICATE OF DEATH

85 11080

AT 11080

AT 11080

620
52 11087BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11087

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA B. GROSS

2. DATE
OF
DEATH

12-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2503 Shirley Ave

Yrs.
Moor
Days

C. Length of stay in Baltimore

47

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

2503 Shirley Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years last birthday)

47

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nahum

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jacob A Gross - Same

18. 443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Hypertensive C.V.D.

15 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 30, 1937, to Dec 6, 1952, that I last saw the deceased alive on Dec 6, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1952
VS 150552

Huntington Williams

2100 Centaur Pl

9520011000

Gross
7404 Contans

52 11088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11088

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Wilkinson Power

2. DATE

OF
DEATH

December 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4600 Liberty Heights Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-06

D. STREET ADDRESS (If rural, give location)

3032 Walbrook Ave.

c. Length of stay in Baltimore

50 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

October 19, 1878

74

9. AGE (In years;
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR
INDUSTRY

Equitable Insurance Pocomoke City Md.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Thomas Wilkinson

14. MOTHER'S MAIDEN NAME

Mary Ellen Sears

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

218-32-3048

17. INFORMANT

ADDRESS

Marion P. Armacost 4600 Liberty Hgh

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral of liver*

DUE TO

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

June 1952

Cerebral of liver

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June, 1952, to Dec 6, 1952, that I last saw the
deceased alive on Dec 1, 1952, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Walth B. Bush

M. D.

18 E. Egan St

Dec 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12-9-52

Loudon Park Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1952

Huntington Williams, M.D. Ellsworth Armacost

4600 Liberty Heights Ave.

VS 150

152 359 73 1 0 0 1

MEDICAL CERTIFICATION

1304

460
52 11089BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11089
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

RACHEL TAYLOR

2. DATE
OF
DEATH

12-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

822 N. Carrollton Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

822 N. Carrollton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

OCT 1865 86

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Lizzie Colbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 822 N.

Mr. G. B. D. Rawlings Carrollton Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) ARTERIOSCLEROTIC CARDIO-VASCULAR ?
DISEASE
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) GENERALIZE ARTERIOSCLEROSIS
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT, 1952, to DEC 4, 1952 that I last saw the
deceased alive on DEC 4, 1952 and that death occurred at 8:20 A m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris

M. D.

23B. ADDRESS

1824 W. Franklin St

23C. DATE SIGNED

12-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-10-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Baltimore.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Frances A. Hensley

ADDRESS

578 W. Biddle St

02014 83

RECEIVED BY THE
NATIONAL BUREAU OF INVESTIGATION

02014 83

RECEIVED BY THE
NATIONAL BUREAU OF INVESTIGATION

RECEIVED BY THE
NATIONAL BUREAU OF INVESTIGATION

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NATIONAL BUREAU OF INVESTIGATION

RECEIVED BY THE
NATIONAL BUREAU OF INVESTIGATION

02014 83

514
52 11090BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11090
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rev. Gregory Aloysius Campbell, C.M.

2. DATE
OF
DEATH

12-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Seton Institute

C. Length of stay in Baltimore

65 yrs. 4 mo., 6 da.

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Catholic Priest

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Thomas H. Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

7/29/1887

9. AGE (in years
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Katherine Flynn

17. INFORMANT

ADDRESS

The Seton Institute

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Rt Cerebral hemorrhage

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio sclerosis

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1952 to Dec 5, 1952 that I last saw the
deceased alive on 12/5, 1952 and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Damant, Gloria

M. D.

23B. ADDRESS

3326 Funderburg

23C. DATE SIGNED

12/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/9/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. FAHEY & SONS 401 SUFFOLK Rd.

52 11091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11091

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TWELF, MARY (Mary E. Twele)

2. DATE
OF
DEATH

12/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

c. Length of stay in Baltimore

38-Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE ~~MARRIED~~WIDOWED ~~DIVORCED~~ (Specify)

widowed

8. DATE OF BIRTH

Jan. 1st, 1914
19149. AGE (In years
last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of preceding 12 months)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Bakery Company

11. BIRTHPLACE (State or foreign country)

Md. Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edmond Gallagher

14. MOTHER'S ~~WEDDED~~ NAME

Lamar Prudde

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

217-18-5709

17. INFORMANT

Mrs. Dorothy Culver-1226 E. North Avenue

ADDRESS

18.

171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION, DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Intestinal obstruction Jakes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of Cervix
ectocervix ?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15/52 to 12/5/52, 1952, that I last saw the
deceased alive on 12/5/52, 1952, and that death occurred at 9:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

George C. Alderman

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

12/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 9th. 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Taylor Avenue, Balto:md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

VS 150

195200

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED (Print Name)

AGE (Years) Sex

DATE OF BIRTH (Month, Day, Year)

PLACE OF BIRTH (City, State, Country)

EDUCATION (Years of Schooling)

OCCUPATION (Print Name)

DATE OF DEATH (Month, Day, Year)

TIME OF DEATH (Hour, Minute)

PLACE OF DEATH (City, State, Country)

CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

650
52 11092BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11092
Registered No.

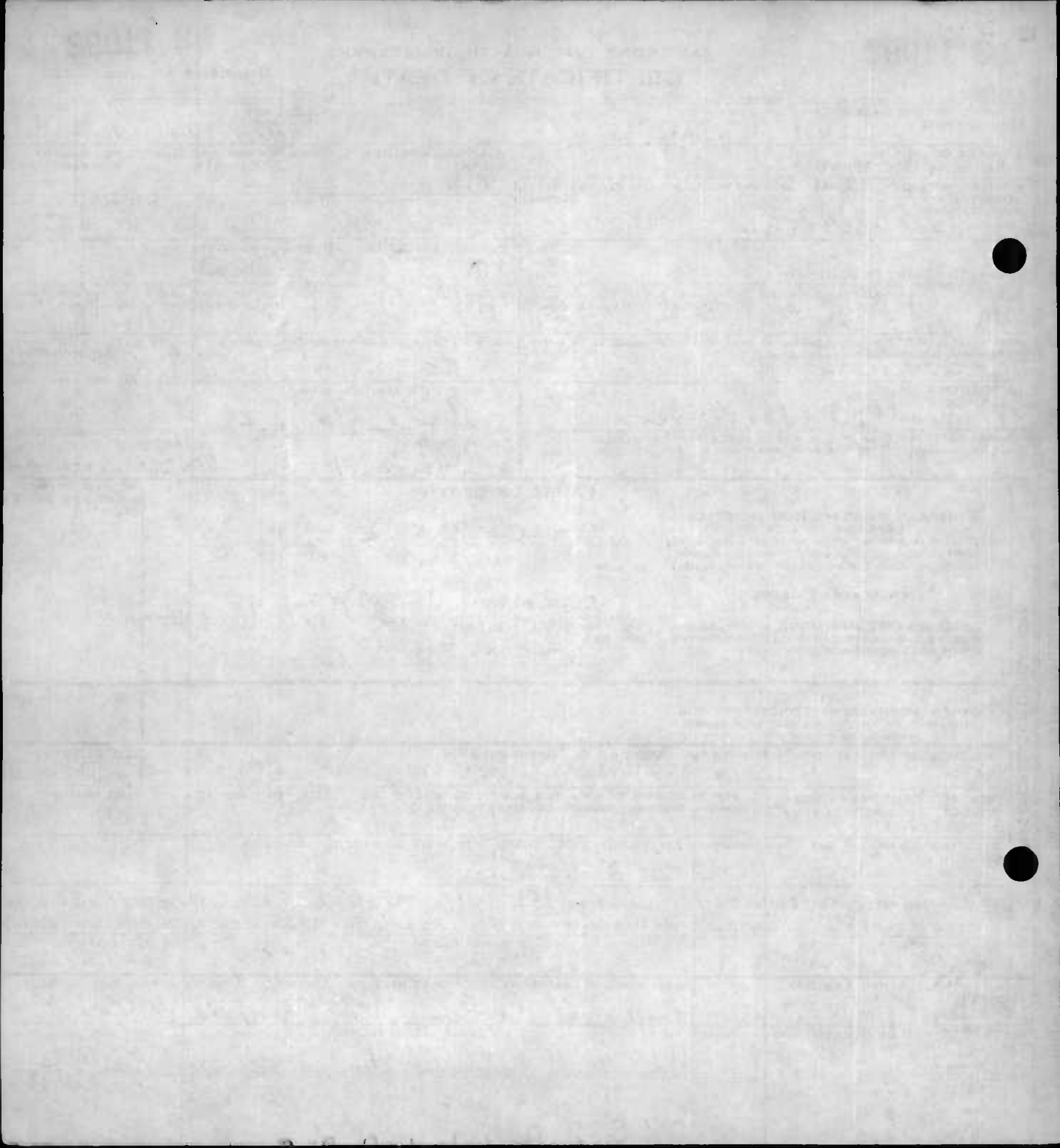
BIRTH NO.

1. NAME OF DECEASED (Type or Print) BROWN, FRANCIS		2. DATE OF DEATH 12/6/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 25-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BROOKLYN	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4015 8th Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 11/30/01
9. AGE (In years last birthday) 51		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Walter Brown Const.		14. MOTHER'S MAIDEN NAME Lyle Calder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Helen Brown		ADDRESS 7745 Langview Rd	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY EDEMA OF RIGHT LUNG	CAUSE OF DEATH (A) PULMONARY EDEMA OF RIGHT LUNG DUE TO (B) SURGICAL REMOVAL OF LEFT LUNG FOR BRONCHogenic CARCINOMA (C)	INTERVAL BETWEEN ONSET AND DEATH 6 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 12/7/52	19B. MAJOR FINDINGS OF OPERATION BRONCHOGENIC CARCINOMA OF LEFT LUNG	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from DEC 1 , 1952 to DEC. 6 , 1952 that I last saw the deceased alive on DEC. 6 , 1952 and that death occurred at 4:10 P. m. , from the causes and on the date stated above.		
23A. SIGNATURE R.A. Smider	23B. ADDRESS 714 N. BROADWAY	23C. DATE SIGNED 12/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 12/7/52	24C. NAME OF CEMETERY OR CREMATORY End of Trail Cem	24D. LOCATION (City, town, or county) (State) East Ranselle W Va
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Home 2112 Duendalk Ave	ADDRESS



52 11093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11093
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET K. AUER

2. DATE
OF
DEATH

DEC. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5727 Willowton Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-38

D. STREET ADDRESS (If rural, give location)

5727 Willowton Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 11, 1894

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas P. Ward

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. B. Cecil Auer, 2131 Southland Rd

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

4 moe.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Dec, 1952, that I last saw the
deceased alive on Nov 26, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/9/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cpn.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

VS 150

19520211086

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

600
Dr. Janney
52 11094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11094

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LOUISE		2. DATE OF DEATH DEC. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 7307 Harford Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-05	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 7307 Harford Road	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 26, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Sarah Danzenbaker, 7307 Harford		ADDRESS	

18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteroseclerotic Heart Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Nephritis DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 19 51 to Dec. 4 , 1952, that I last saw the deceased alive on Dec. 4 , 1952, and that death occurred at 10:30 A m., from the causes and on the date stated above.			
23A. SIGNATURE Nathan Janney M. D.		23B. ADDRESS 7101 Harford Rd.	
23C. DATE SIGNED 12/5/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/7/52	24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cem	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	FUNDAL DIRECTOR ADDRESS John Ruck, 5305 Harford Road.	

Dr JANNY

MASSACHUSETTS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

363
52 11095BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11095

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs Sena Stewart</i>			2. DATE OF DEATH <i>12-7-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>53</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> CATONSVILLE		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>103 Kunnery Lane</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>JUNE 14, 1872</i>		9. AGE (In years last birthday) <i>80</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>HOME</i>		11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	
13. FATHER'S NAME <i>JOSIAH ?</i>			14. MOTHER'S MAIDEN NAME <i>MARY INSLEY</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>ST. AGNES HOSP.</i>	
				ADDRESS <i>BALTO., MD.</i>	

18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Generalized Carcinomatosis</i> DUE TO (B) <i>Carcinoma of colon</i> DUE TO (C) <i>Arterioscl. Cardio. Vasc Disease</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-14*, 19*52*, to *12-7*, 19*52*, that I last saw the deceased alive on *12-7*, 19*52*, and that death occurred at *1:10 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Harry H. Knigge</i> M. D.		23B. ADDRESS <i>St. Agnes Hospital</i>		23C. DATE SIGNED <i>12-7-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>12/9/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>GREENWOOD CEM.</i>	24D. LOCATION (City, town, or county) (State) <i>CAMBRIDGE, MD.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>JOHN F. DENNY, INC.</i>	ADDRESS <i>715 LIGHT ST. BALTO., MD.</i>
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632
52 11096BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11096
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVA HURWITZ

2. DATE
OF
DEATH

12-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4806 Palmer Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

4806 Palmer Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

Female White

Widow

67

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

House wife

New York City

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Morris

Bertha

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Paul Eisenwain - Same

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocardial Infarction

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6/52 to 12/6/52, that I last saw the
deceased alive on 12/6/52, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Nathan E. Needle M. D.

4215 Park Heights 2

12/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

12-7-52

New York N. Y.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1952

Huntington Williams, M. D. 2100 Canton Pl

VS 150

19520611089

correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Needle
6006 Park High
11-20

Mo 8775
Ro 248

52 11097

BROGDON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 11097

BIRTH NO. 22-28903

1. NAME OF DECEASED
(Type or Print)

Wanda Brogdon

2. DATE
OF
DEATH

12-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hosp.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Ind

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Ind. 20-03

D. STREET ADDRESS (If rural, give location)

209 S. Pulaski St

8. DATE OF BIRTH

Dec. 7-1952

9. AGE (In years
last birthday)

11 Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Billy Robert Brogdon

14. MOTHER'S MAIDEN NAME

Dorothy Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

18. 525X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Interstital Pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR COND ITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23b. CHIEF MEDICAL EXAMINER.....

M.D.

23c. DATE SIGNED

23c. DATE SIGNED

12-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec. 8/52

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Baltimore Ind.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

George L. Schwab 2101 E. McKee Ave

VS 151

correct age is especially important. Physicians: please use the causes of death clearly and legibly.

MEDICAL CERTIFICATION



230
52 11098BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11098

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARRIE POIST		2. DATE OF DEATH 12-5-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1839 W. Wilhelm St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY Balto.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1839 Wilhelm St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-04	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1839 Wilhelm St.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH March 8, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	9. AGE (In years last birthday) 54
13. FATHER'S NAME Robt. Wilson		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Carrie Knaw		11. BIRTHPLACE (State or foreign country) Maryland - Balto.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Rowling D. Poist		ADDRESS 1839 W. Wilhelm St	
18. 401.3 and 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac failure, rheumatic DUE TO Rheumatic heart disease Antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chenueatic fever II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ? tbc.		INTERVAL BETWEEN ONSET AND DEATH 5 yrs. ?	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug , 19 52 , to Dec. 5 , 19 52 , that I last saw the deceased alive on Dec. 4 , 19 52 , and that death occurred at 11 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Ruth Bleier		23B. ADDRESS 1801 W. Balto. St.	
23C. DATE SIGNED 12-5-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-9-52	
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Geo. L. Schwab ADDRESS 2101 Frederick Ave.	

MEDICAL CERTIFICATION

7208A

1000

STATE OF OHIO
DEPARTMENT OF HEALTH

1000

52 11099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11099

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Pyle

2. DATE
OF
DEATH

Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

310 Wilson St. 6235

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

12-2-52

9. AGE (in years
last birthday)If Under 1 Year
Months Days Hours Min.

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Cloyd Pyle

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 776 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1952 to Dec 7, 1952 that I last saw the
deceased alive on Dec 7, 1952 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Herndon

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Dec. 7, 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Belair Memorial Gardens

24D. LOCATION (City, town, or county)

Harford Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R. Madison Mitchell

ADDRESS

12320 Washington St.

Harford Co. Md.

VS 150

MEDICAL CERTIFICATION

written and is especially important in cases of death clearly and legibly.

1900

THE UNIVERSITY OF CHICAGO

LIBRARY

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500

52 11100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11100
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Meyer Cohen

2. DATE
OF
DEATH

12/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Swain

4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1301

D. STREET ADDRESS (If rural, give location)

2220 Mt Royal Terrace

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years last birthday)

50

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

merchant

10B. KIND OF BUSINESS OR INDUSTRY

Lumber

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not known

(R.W.)

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Lydia Cohen

ADDRESS

Home

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarct

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/7, 1952 to 12/7, 1952, that I last saw the deceased alive on 12/7, 1952, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William S. Parker

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

12/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

Huntington Williams, MD

Jack Lewicki 2100 Cutler Pl

VS 150

1952 DEC 8 PM 1 00 3

00111 50

00111 5

52 11101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11101

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara V. King

2. DATE
OF
DEATH

Dec. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2261 Madison Ave.

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/4/97

9. AGE (in years

55

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR

INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Gloucester Co., Va.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

John Jackson

14. MOTHER'S MAIDEN NAME

Eliza Page

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

None

17. INFORMANT

ADDRESS

Mary Stubbs, 2261 Madison Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Apoplexy (Cerebral)

2 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic carditis - Art. Sclerosis

2 yrs?

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 11-28-1952 to 11-3-1952, that I last saw the deceased alive on 11-2-1952 and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

St. P. J. Hughes

M. D.

23B. ADDRESS

825 N. Fremont Ave

23C. DATE SIGNED

11-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/6/52

Arbutus Memorial Pk. Balto. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

Huntington Williams, M.D.

Charles R. Law, 802 Madison Ave.

VS 150

MEDICAL CERTIFICATION

Correct age is especially important. Physicians - please write the cause of death clearly and legibly.

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

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100-100000

300

52 11102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11102
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK WEAD			2. DATE OF DEATH 6 DEC '52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQ HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-04		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1626 HOLLINS ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2/22/01	9. AGE (In years last birthday) 51	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		10B. KIND OF BUSINESS OR INDUSTRY PROCTOR-GAMBLE CO SOAP (A)		11. BIRTHPLACE (State or foreign country) KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME SOAP (A)		14. MOTHER'S MAIDEN NAME FLORENCE EUTLEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 215-03-0964		17. INFORMANT ADDRESS MRS AGNES L. Wead 1626 Hollins St. Balto.	

18. **163X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Pulmonary edema**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Inoperable Shock**

DUE TO

(C) **Pulmonary Resection****4-12 hr****4-12 hr**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of left lung; liver metastasis**5**

19A. DATE OF OPERATION 5 Dec '52		19B. MAJOR FINDINGS OF OPERATION Carcinoma of left lung		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No		21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5 Dec 1952** to **6 Dec 1952**, that I last saw the deceased alive on **6 Dec 1952** and that death occurred at **2:55 A.M.**, from the causes and on the date stated above.23A. SIGNATURE **Leon W. Dore M.D.** M. D. 23B. ADDRESS **10 Franklin Sq Bldg.** 23C. DATE SIGNED **6 Dec '52**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Dec. 8-1952		24C. NAME OF CEMETERY OR CREMATORY New Catholic Cem.		24D. LOCATION (City, town, or county) (State) old Frederick Rd. Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR THOMAS J. KENNY Inc.		ADDRESS 1600 Hollins St	

263 KR 11025

50-1100

100-1000-1000

100-1000-1000

52 11103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11103

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISA B. GAST

2. DATE
OF
DEATH

12/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-04

D. STREET ADDRESS (If rural, give location)

3605 S. Sixth St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 31, 1879

9. AGE (In years,

last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Hoffman

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Herbert C. Gail 173 W. Meador Rd #25

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Diffuse Cerebral & Ventricular Hemorrhage

13 1/2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebrovascular Accident

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 12/4 1952, to 12/5, 1952 that I last saw the deceased alive on 12/5 6 AM 1952, and that death occurred at 8:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

Huntington Williams, M.D. Res. J. Vance

4001 Ritchie Highway

Balto. #25, Md.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

2011 23

CERTIFICATE OF DEATH

2011 23

242
52 11104BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11104

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

George B. Eggleston

2. DATE
OF
DEATH

12-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital
Life

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4216 Bay Mar Ave.

8. DATE OF BIRTH

Sept. 1882

9. AGE (In years last birthday)

70

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Public School

13. FATHER'S NAME

John W. Eggleston

11. BIRTHPLACE (State or foreign country)

Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ella---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Leola Hoffman, 4620 Asbury Ave.

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Fracture Dislocation of

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Vertebral Column

(C)

Fracture Pelvis &

Retroperitoneal Hemorrhage

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

10/6/52. 7:55 p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto.

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

12-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N 805.2

583.8V

1007

✓

15-2-02

15-2-02

15-2-02

15-2-02

X

15-2-02

15-2-02

416
52 11105BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11105
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Francis Alabrudzynski</i>		2. DATE OF DEATH <i>Dec. 4, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) STATE <i>Md.</i> B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-11</i>	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>501 East Ave #24</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>8-15-1887</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9. AGE (In years last birthday) <i>65</i>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
13. FATHER'S NAME <i>Anthony Halimowski</i>		12. CITIZEN OF WHAT COUNTRY? <i>Poland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Ignatius Alabrudzynski</i>		ADDRESS <i>Ignatius Alabrudzynski</i>	

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Adren. Gland Syndrome*
DUE TO *Complete Rt. Failure*
Arteriosclerosis C.V. Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *11-19*, 19*52* to *12-4*, 19*52* at I last saw the deceased alive on *12-4*, 19*52* and that death occurred at *3:50 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

240
52 11106BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11106
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WAGLIE, CARL

2. DATE
OF
DEATH

5 DEC. '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

FRANKLIN SQ. HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 7-01

D. STREET ADDRESS (If rural, give location)

606 N. CURLEY ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6/17/1888

9. AGE (In years

last birth)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR

INDUSTRY

Fleet Transfer Co.

11. BIRTHPLACE (State or foreign country)

NORWAY

12. CITIZEN OF

WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Waglie

14. MOTHER'S MAIDEN NAME

CHRISTINA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

no

16. SOCIAL

SECURITY NO.

215-01-3044

17. INFORMANT

Signe Waglie, wife, above

ADDRESS

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

4+ days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) Pulmonary edema
DUE TO
(C) Myocardial failure

4+ days

7+ days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pyonephritis, Uremia

5

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Dec, 1952, to 5 Dec, 1952 that I last saw the
deceased alive on 5 Dec 1952 and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

VS 150

76352

52 11107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11107
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE JONES

2. DATE

OF
DEATH

12/4/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 1405 W. SARATOGA ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1405 W. SARATOGA ST.

c. Length of stay in Baltimore

30 yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

12/12/1894

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WAITER

10B. KIND OF BUSINESS OR
INDUSTRY

CLUB

11. BIRTHPLACE (State or foreign country)

ANNAPOLIS, MD.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

SAMUEL JONES

14. MOTHER'S MAIDEN NAME

SARAH BUTLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EMMA JONES (W) 1405 W. SARATOGA ST.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1952, to Dec 8, 1952, that I last saw the
deceased alive on Dec 8, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

12/8/1952

Catholics Memorial Park, Baltimore County, Md.

Baltimore County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

VS 150

5784 EX

572 Canal St. W.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

AS FOLLOWS

1 / 1900

OF WHITE RACE

MARYLAND

JACOB W. BRADDOCK ST.

BALTIMORE

JACOB W. BRADDOCK ST.

DATE

1 / 1900

CAUSED

ABRAHAM, JR., D.

AGE

MALE

BALTIMORE

ABRAHAM, JR., D.

JACOB W. BRADDOCK ST.

CAUSED BY

CAUSED BY

CAUSED BY

CAUSED BY

CAUSED BY

CAUSED BY

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CAUSED BY

CAUSED BY

52 11108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11108
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH. EMMANUEL JACOB

2. DATE
OF
DEATH

12-7-52

3. PLACE OF DEATH

A. Baltimore City, Maryland

118 S. EUTAW ST

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.

Mos.

Days

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life or, if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 606x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 7 Nov, 1952, to 9 Dec, 1952, that I last saw the
deceased alive on 21 Nov, 1952, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Carlton Brinsford

M. D.

23B. ADDRESS

422 Midland Ave Bldg

23C. DATE SIGNED

8 Dec 52

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

Huntington Williams, M.D.

GEO. H. LEIMBACH 521 N. E. NORTH AVE
SYNTHURST

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please print the causes of death clearly and legibly.

Dr Bensfield.

652
52 11109BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11109
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>CARRIE HARMIS.</i>			2. DATE OF DEATH <i>12/5/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-43</i>		
c. Length of stay in Baltimore			O. STREET ADDRESS (If rural, give location) <i>1801 Spence St 430.</i>		
5. SEX <i>Gr.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9-26-78</i>	9. AGE (In years last birthday) <i>75</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Franklin Spencer</i>			14. MOTHER'S MAIDEN NAME <i>Mary Mueller</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Edgar C. Harmis 1801 Spence St.</i>		

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Cerebro-vascular Thrombosis*
DUE TO *Atherosclerotic C. V. Disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cong. ght. Failure*
DUE TO *Atherosclerotic C. V. Disease*
(C) *Pneumonia - bilateral*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *11-14*, 1952 to *12-5*, 1952 that I last saw the deceased alive on *12-5*, 1952 and that death occurred at *4:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>George L. Sten</i>		23B. ADDRESS <i>St. Agnes Hospital</i>		23C. DATE SIGNED <i>12-5-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>12/9/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D. Wm Cook Inc.</i>		25. ADDRESS <i>1217 St. Paul St.</i>	

0711 52

CERTIFICATE OF DEATH

0711 52

[Faint, illegible handwritten text in the upper section of the form, likely containing personal details of the deceased.]

[Faint, illegible handwritten text in the middle section of the form, possibly describing the cause of death or medical history.]

[Faint, illegible handwritten text in the lower-middle section of the form.]

[Faint, illegible handwritten text in the bottom section of the form.]

52 11110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11110

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEONARD BROOKS JOHNSON

2. DATE
OF
DEATH

Dec. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
INSTITUTION Hospital

Hyman pk. drive & 31st Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-09

D. STREET ADDRESS (If rural, give location)

2102 Mt. Holly street

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

5/23/95

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Post Office

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Percy Johnson

14. MOTHER'S MAIDEN NAME

Mary Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records - US PHS Hospital, Balto, Md.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial hypertrophy with general
congestive failure
DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis, generalized
DUE TO

Unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1952 to Dec. 5, 1952, that I last saw the
deceased alive on Dec. 5, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Hunter, Clinical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

12/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-8-1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

88

100

322
52 111ddBALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 111dd

Registered No.

BIRTH NO. Mlb 164103

1. NAME OF DECEASED (Type or Print) Matilda Hitchcock			2. DATE OF DEATH 12-7-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1602 N. Port St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1872	9. AGE (In years last birthday) 80	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Henry Zick		
14. MOTHER'S MAIDEN NAME Charlotte Bainey			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY RECORDS: Baltimore City Hospitals 4940 Eastern Ave.			17. INFORMANT ADDRESS		

18. E 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of Left Hip DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 days 1 Mo
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 10-16-52 & 11-15-52	19B. MAJOR FINDINGS OF OPERATION Sub Capital Fracture of Left Hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1602 N. Port St.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY October 15, 1952	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Slipped and fell to floor

22. I hereby certify that I attended the deceased from **10-15-**, 19**52**, to **12-7-52**, 19**52**, that I last saw the deceased alive on **12-7-**, 19**52**, and that death occurred at **5:15 P.M.** from the causes and on the date stated above.

23A. SIGNATURE H. J. Fisher	23B. ADDRESS 4940 Eastern Ave. Balto Md.	23C. DATE SIGNED 12-7-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-10-52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	24D. LOCATION (City, town, or county) (State) North Ave. - Balto. Md.
--	------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1952	REGISTRAR'S SIGNATURE H. J. Fisher	25. FUNERAL DIRECTOR John C. Miller Inc. - 2435 E. Chesa St.
---	--	--

VS 150

Must be signed by Dr. Fisher

520001104

634
52 11112BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11112
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Carl H. Oertel</u>			2. DATE OF DEATH <u>12/5/52</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-12</u>			
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>6313 Blackburn Ct</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/10</u>	9. AGE (In years last birthday) <u>59</u>	10. Under 1 Year Months: _____ Days: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>			10B. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Balto. Md</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Harmon Oertel</u>			14. MOTHER'S MAIDEN NAME <u>Margaretta Engert</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u> ✓			16. SOCIAL SECURITY NO. <u>216-18-6617</u>			
17. INFORMANT <u>Hospital Record</u>			ADDRESS			
18. <u>581.0 and 230X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CAUSE OF DEATH (A) <u>BILIARY CIRRHOSIS</u> DUE TO (B) <u>TUMOR OF HEAD OF PANCREAS</u> DUE TO (C) _____ <u>CORONARY ARTERY DISEASE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>OCT. 7, 1952</u> <u>to DEC. 5/52</u>			
19A. DATE OF OPERATION <u>11/12/52</u>			19B. MAJOR FINDINGS OF OPERATION <u>LIVER IS CIRRHOTIC; HEAD OF PANCREAS ENLARGED</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>11/10/52</u> , 19 <u> </u> , to <u>12/5/52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>12/5/52</u> , 19 <u> </u> , and that death occurred at <u>3:15A</u> m., from the causes and on the date stated above.						
23A. SIGNATURE <u>W. M. Conway</u>			23B. ADDRESS M. D. <u>South Baltimore Soul Hoys</u>			23C. DATE SIGNED <u>12/5/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Dec 8 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Louisa Park</u>		24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 8 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>W. H. Jenkins, 4905 York Rd</u>		

03285

11105

50111 57

50111 57

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

February 1, 1911

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,

Yours very truly,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

52 11113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11113

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DINE MORE Edith A.

2. DATE
OF
DEATH

Dec - 5 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Church Home - Hoop

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balt

9-06

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1827 E. 33rd St

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct. 1, 1893

9. AGE (in years
last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

manager of hospital

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

13. FATHER'S NAME

HOLLAND

Henry

11. BIRTHPLACE (State or foreign country)

Balt. Md

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Libbott, Jane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

2

16. SOCIAL
SECURITY NO.

219-30-8602

17. INFORMANT

Mrs. H. H. H. 1827 E. 33rd St

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

Myocardial Infarction

(B)

DUE TO

Coronary Thrombosis

(C)

Arteriosclerotic heart disease

20 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov 16, 1952, to Dec 5, 1952 that I last saw the
deceased alive on Dec 5, 1952 and that death occurred at 6:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

H. H. H.

23B. ADDRESS

Church Home - Hoop

23C. DATE SIGNED

Dec 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

Balt. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. H. H. 1827 E. 33rd St

ADDRESS

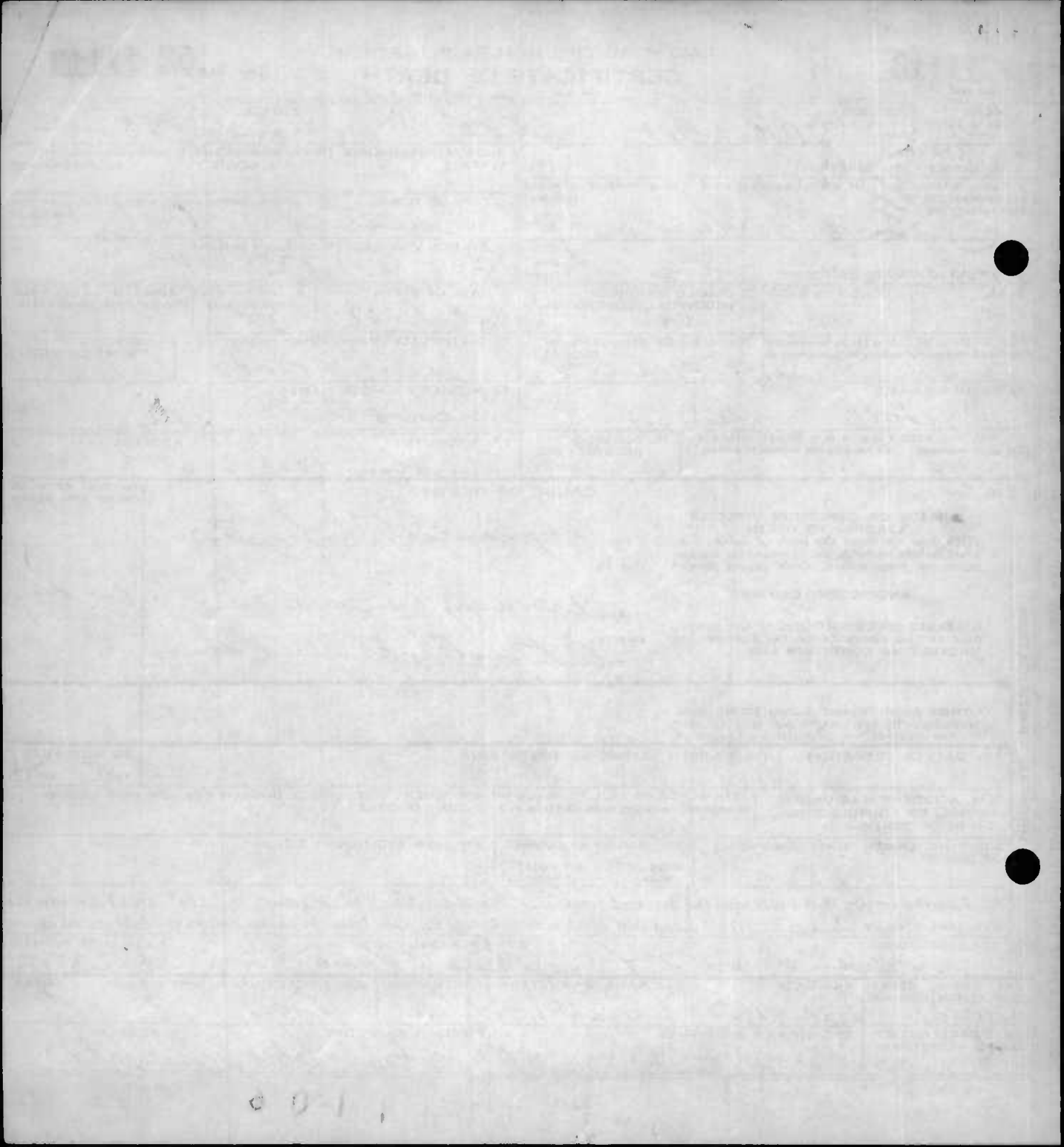
DEC 8 - 1952

VS 150

29 OCT 11 106

correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11114
Registered No.

52 11114

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		JESSIE GOINES		2. DATE OF DEATH Dec. 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01	
Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1308 W. Mulberry Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 23, 1905	9. AGE (In years last birthday) 47	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed Laborer			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina
13. FATHER'S NAME Samuel Goines			12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME Carrie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Brother Goines Harris	

MEDICAL CERTIFICATION

18. 002X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Pulmonary tuberculosis			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Dec. 5, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 9/52		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24D. LOCATION (City, town, or county) (State) A A County Md.	
25. FUNERAL DIRECTOR Mrs Robert A Elliott's Daughters		ADDRESS 1124 N. Caroline St.			

V S 151

9 5 27099 1124 N. Caroline St.

APRIL 52

APRIL 52

52 11115

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11115

1. NAME OF DECEASED (Type or Print) ROBERT LUTHER YANCEY SHAW		2. DATE OF DEATH 12-5-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1212 N. Bond ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 8-07	
c. Length of stay in Baltimore 25YRS		D. STREET ADDRESS (If rural, give location) 1212 N. Bond ST.	
5. SEX M.	6. COLOR OR RACE C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-26-97
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 55
13. FATHER'S NAME JOHN YANCEY		14. MOTHER'S MAIDEN NAME ELNOBA SHAW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) WORLD WAR I		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS BESSIE SHAW 1212 N. Bond ST.

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis	CAUSE OF DEATH (A) Cerebral Thrombosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 11-30-52
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiac Vascular Disease	(B) Hypertensive Cardiac Vascular Disease DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-30, 1952** to **12-5, 1952**, that I last saw the deceased alive on **12-4, 1952** and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE F. K. Adams	23B. ADDRESS 1222 N. Caroline St.	23C. DATE SIGNED 12-8-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-9-52	24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM. PK.	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph S. Locke, Jr.	ADDRESS 1304 N. Central Ave
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2011

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11116
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ruth Gross</i>			2. DATE OF DEATH <i>12-4-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Prominent Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-02</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1095 H. Fayette Street</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 6 1897</i>		9. AGE (In years last birthday) <i>55</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Joseph R. Gross</i>			14. MOTHER'S MAIDEN NAME <i>Julia (Unknown)</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Ca of Cervix</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Uterine Fibroid</i> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <i>Malignant + Hypertension</i>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *11/26/1952*, to *12/4/1952*, that I last saw the deceased alive on *12/4/1952*, and that death occurred at *10:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Edmond J. Cohen</i>	23B. ADDRESS <i>Prominent Hospital</i>	23C. DATE SIGNED <i>12/6/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-8-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mount Zion Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Landdown, Maryland</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Arlington S. Phillips</i>	ADDRESS <i>1808 N. Mount St. Baltimore 13 Md.</i>
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100-100000

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

100-100000

100-100000

-652
52 11117BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11117
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Cornish

2. DATE
OF
DEATH

12-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

C. CITY OR TOWN

Baltimore 22-02

D. STREET ADDRESS (If rural, give location)

802 S. Cutaw Street

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 8, 1898

9. AGE (In years
last birthday)

62

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown SHOE SHINER

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

George Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

World War I

16. SOCIAL
SECURITY NO.

unknown

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Sarah (Unknown)

17. INFORMANT (Type)

Ester De Cornish

ADDRESS

1507 Edmondson Ave

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

12-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-10-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Arlington S. Phillips 1808 N. Monmouth

ADDRESS

Baltimore 13th.

VS 151

7818E 1110

George Arnold

George Arnold

George Arnold

George Arnold

George Arnold

George Arnold

350
52 11118BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11118
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Willie Cotton</i>			2. DATE OF DEATH <i>12-5-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>16 N. Mount St</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>B</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8/31/14</i>	9. AGE (In years last birthday) <i>28</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>NC</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. FATHER'S NAME <i>James Cotton</i>		
14. MOTHER'S MAIDEN NAME <i>Dora Heggens</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <input checked="" type="checkbox"/>		

18. *410X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Pulmonary hemorrhage*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Pulmonary hypertension*
DUE TO
(C) *Rheumatic-valvulitis (mitral stenosis)*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *12-4*, 19*52*, to *12-5*, 19*52*, that I last saw the deceased alive on *12-5*, 19*52*, and that death occurred at *6:35 a.m.*, from the causes and on the date stated above.23A. SIGNATURE *Dr. Ramsey* M. D. 23B. ADDRESS *University Hospital* 23C. DATE SIGNED *12-6-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>12/9/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Hunt</i>	25. FUNERAL DIRECTOR <i>Wm. H. Nelson</i>	ADDRESS <i>1303 Pressman St</i>
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75 11188

BRIDGE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

75 11188

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Occupation		8. Cause of Death		9. Duration of Illness		10. Place of Death	
11. Name of Physician		12. Name of Burial Place		13. Name of Undertaker		14. Name of Coroner		15. Name of Registrar	
16. Name of Hospital		17. Name of Doctor		18. Name of Nurse		19. Name of Assistant		20. Name of Aide	
21. Name of Family		22. Name of Friends		23. Name of Neighbors		24. Name of Clergy		25. Name of Minister	
26. Name of Pastor		27. Name of Priest		28. Name of Rabbi		29. Name of Imam		30. Name of Other	
31. Name of Chaplain		32. Name of Minister		33. Name of Pastor		34. Name of Priest		35. Name of Rabbi	
36. Name of Imam		37. Name of Other		38. Name of Chaplain		39. Name of Minister		40. Name of Pastor	
41. Name of Priest		42. Name of Rabbi		43. Name of Imam		44. Name of Other		45. Name of Chaplain	
46. Name of Minister		47. Name of Pastor		48. Name of Priest		49. Name of Rabbi		50. Name of Imam	
51. Name of Other		52. Name of Chaplain		53. Name of Minister		54. Name of Pastor		55. Name of Priest	
56. Name of Rabbi		57. Name of Imam		58. Name of Other		59. Name of Chaplain		60. Name of Minister	
61. Name of Pastor		62. Name of Priest		63. Name of Rabbi		64. Name of Imam		65. Name of Other	
66. Name of Chaplain		67. Name of Minister		68. Name of Pastor		69. Name of Priest		70. Name of Rabbi	
71. Name of Imam		72. Name of Other		73. Name of Chaplain		74. Name of Minister		75. Name of Pastor	
76. Name of Priest		77. Name of Rabbi		78. Name of Imam		79. Name of Other		80. Name of Chaplain	
81. Name of Minister		82. Name of Pastor		83. Name of Priest		84. Name of Rabbi		85. Name of Imam	
86. Name of Other		87. Name of Chaplain		88. Name of Minister		89. Name of Pastor		90. Name of Priest	
91. Name of Rabbi		92. Name of Imam		93. Name of Other		94. Name of Chaplain		95. Name of Minister	
96. Name of Pastor		97. Name of Priest		98. Name of Rabbi		99. Name of Imam		100. Name of Other	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 11119**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lettie Charlotte Washington</i>		2. DATE OF DEATH <i>Dec 5, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>14-03</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>2007 Brunt st</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2007 Brunt st</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>march 1876</i>
9. AGE (In years last birthday) <i>76</i>		10. Under 1 Year Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Melvin Washington</i>		ADDRESS <i>2007 Brunt st</i>	

18. *401.1* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Endocarditis*
DUE TO *acute rheumatic fever*
(B) *Arteritis & neuritis*
DUE TO *Arteritis & neuritis*
(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days
6 mos
6 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from *8-1-52* to *12-5-52* that I last saw the deceased alive on *12-5-52* and that death occurred at *3:40 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Car. R. Blake</i>	23B. ADDRESS <i>1603 N. Caroline</i>	23C. DATE SIGNED <i>12-6-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-9-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Les. Nelson</i>	ADDRESS <i>1303 Berstman st</i>
--	---	---	---------------------------------

Dr Blake
1603 N. Caroline St

W-500
52-11130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11180
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Emma L. Moon</u>			2. DATE OF DEATH <u>12-8-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryland General Hosp.</u>			C. CITY OR TOWN <u>Reisterstown</u>		
c. Length of stay in Baltimore <u>20</u>			D. STREET ADDRESS (If rural, give location) <u>5005 Reisterstown Rd.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>8-14-1912</u>	9. AGE (In years last birthday) <u>40</u>	10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>		
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>-</u>		
13. FATHER'S NAME <u>John Blowers</u>			14. MOTHER'S MAIDEN NAME <u>Emma Blowers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT <u>Edgar O. Moon</u>			ADDRESS <u>5005 Reisterstown Rd.</u>		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>hypertensive - cardio - vascular disease.</u>		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>-</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>-</u>		

22. I hereby certify that I attended the deceased from 12-7, 1952 to 12-8, 1952, that I last saw the deceased alive on 12-8, 1952, and that death occurred at 3:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE
Luke Bakhair

23B. ADDRESS
Maryland General Hospital

23C. DATE SIGNED
12/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
12-11-52

24C. NAME OF CEMETERY OR CREMATORY
Woodlawn Cemetery

24D. LOCATION (City, town, or county) (State)
Woodlawn Maryland

DATE RECEIVED BY LOCAL REGISTRAR
DEC 8 - 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Ellsworth Armacost

ADDRESS
4600 Liberty Heights Ave.

100

1000
52 11131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11131

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EARLE STAFFORD DEWEY		2. DATE OF DEATH DEC. 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3301 WESTERWALD AVE.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH (1900) Jan. 4, 1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Newspaper	9. AGE (In years last birthday) 52
13. FATHER'S NAME HARRY L. DEWEY		11. BIRTHPLACE (State or foreign country) OHIO	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME MARY ETHELYN Shriver		17. INFORMANT ADDRESS MILDRED DEWEY SAME	

18. 451X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ruptured abdominal aneurysm DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Ruptured abdominal aneurysm Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-6 , 19 52 to 12-6 , 19 52 that I last saw the deceased alive on 12-6 , 19 52 and that death occurred at m. , from the causes and on the date stated above.				
23A. SIGNATURE Waverly S. Green, Jr.		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 12-6-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/9/52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
25. FUNERAL DIRECTOR Wm. J. Pickner & Sons		ADDRESS Balto 17, Md.		

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the cause of death in full.

95 490 44 111 Balto 17, Md.

1951 52

1951

RECEIVED THE SECRETARY OF THE ARMY
WASHINGTON, D.C.

TO: THE SECRETARY OF THE ARMY
FROM: THE SECRETARY OF THE ARMY

1. The purpose of this report is to provide a summary of the activities of the Army during the year 1951. The report is divided into two main sections: a summary of the activities of the Army during the year 1951, and a summary of the activities of the Army during the year 1952.

2. The summary of the activities of the Army during the year 1951 is as follows:

3. The summary of the activities of the Army during the year 1952 is as follows:

400
52 11122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11122
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Jewell, Jessie			2. DATE OF DEATH 12/7/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Wicomico			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION USPHS Hospital, Balto. Md.			D. STREET ADDRESS (If rural, give location) 434 Druid Hill Ave.			c. Length of stay in Baltimore 28 days		
5. SEX f	6. COLOR OR RACE wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10/4/76	9. AGE (in years last birthday) 24 76	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Ohio		
13. FATHER'S NAME P. Welsh			14. MOTHER'S MAIDEN NAME Fannie Berry			12. CITIZEN OF WHAT COUNTRY? US		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. --			17. INFORMANT ADDRESS 817 Madison A. Mrs. Virginia Mathews Balto. Md.		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) bronchopneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. mammary carcinoma and generalized arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH undetermin
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19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11/10/52**, 1952, to **12/7/52**, 1952 that I last saw the deceased alive on **12/7/52**, 1952, and that death occurred at **12:55 AM** from the causes and on the date stated above.

23A. SIGNATURE Eugene W. Veverka		23B. ADDRESS USPHS Hospital, Balto. MD.		23C. DATE SIGNED 12/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/9/52		24C. NAME OF CEMETERY OR CREMATORY Parsons Cem.	
24D. LOCATION (City, town, or county) (State) Salisbury, Md.		25. FUNERAL DIRECTOR Steel & Johnson		ADDRESS Salisbury, Md.	

DATE RECEIVED BY LOCAL REGISTRAR
DEC 8 - 1952

REGISTRAR'S SIGNATURE
Virginia Williams

9520011115

08-11-80

RECEIVED BY MAIL DEPARTMENT
OFFICE OF DEATH

1980-11-11

1980-11-11

1980-11-11

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1980-11-11

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11183**

120
52 11183
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNIE E. DAVIS			2. DATE OF DEATH DECEMBER 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) SOUTH BALTIMORE GEN. HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 23-01		
C. Length of stay in Baltimore 61 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 923 So. Hanover St., Baltimore 30		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 7.25.92	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Chas. J. Sawyer			14. MOTHER'S MAIDEN NAME Hondra Galleger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Family ADDRESS Same		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertensive Cardiovascular Disease DUE TO Atherosclerosis (C) Hypostatic pneumonia	INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec 6**, 19**52**, to **December 6, 1952**, that I last saw the deceased alive on **December 5, 1952**, and that death occurred at **8:15 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE W. W. Bouvey M. D.		23B. ADDRESS South Baltimore East 100 St.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 12.10.52	24C. NAME OF CEMETERY OR CREMATORY St. Mary's		24D. LOCATION (City, town, or county) (State) Baltimore 34/110	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR L. E. Carey ADDRESS	

1952 DEC 13 3015 1607 1952

28110 50

FA-9 12-3-1974

610 5



3111

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11134**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herbert L. Hunter

2. DATE
OF
DEATH

12/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

842 W. Fayette St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

unknown

8. DATE OF BIRTH

1880 Unknown 72

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Lord Baltimore Hotel

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

unknown

17. INFORMANT

Mrs. Sophie Krausman Baltimore St.

18. *5810*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Gastrointestinal hemorrhage*

several days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Portal Cirrhosis*

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from *12/5*, 19*52*, to *12/7*, 19*52*, that I last saw the
deceased alive on *12/7*, 19*52*, and that death occurred at *10:05 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Ray James Fischer

23B. ADDRESS

M. D.

Mercy Hospital

23C. DATE SIGNED

12/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8-1952

Huntington Williams, M.D., 5012 Fallview

VS 150

9708B 11117

MEDICAL CERTIFICATION

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

242
52 11125BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11125
Registered No.BIRTH NO. **MLB. 161796**

1. NAME OF DECEASED (Type or Print) Annetta McCullough		2. DATE OF DEATH 12-6-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3101 Pelham Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Jan 6, 1914
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 38
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Teistner		14. MOTHER'S MAIDEN NAME Jennie Foos	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY RECORDS: Baltimore City Hospitals 4940 Eastern Ave	
17. INFORMANT ADDRESS		18. 593 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Renal Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 8-6 , 19 52 to 12-6 , 19 52 , that I last saw the deceased alive on 12-6 , 19 52 , and that death occurred at 7:00 P.M. from the causes and on the date stated above.	
23A. SIGNATURE Huntington Williams, M.D.		23B. ADDRESS 4940 Eastern Ave. Balto. Md.	
23C. DATE SIGNED 12-6-52		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Dec 10 1952		24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	
24D. LOCATION (City, town, or county) (State) E. North Ave. Ext		25. FUNERAL DIRECTOR Leo S. Crook	
25. FUNERAL DIRECTOR ADDRESS 1701-03 N. Balt. Park Ave		26. DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1952	
26. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		27. VS 150	

MEDICAL CERTIFICATION

52 20011110

28 1113

CEMENTWORKS COMPANY

NEW YORK



Address

Telephone

City

State

Zip

Country

Postal

Code

Business

Hours

Remarks

Comments

Notes

214

11-11-11

11-11-11

11-11-11

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11-11-11

0 1 1 1 1

260
52 11136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 420.1

52 11136
Registered No.

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
- (b) Street address 2926 Christopher Ave
- (c) Hospital or institution:
- (d) Length of stay in hospital or inst. (yrs., mos., or days)
- (e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:

- (a) State MD (b) County
- (c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
- (d) Street No. 2926 Christopher Ave
(If rural give location)
- (e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

Emma Harriet Fowble Baker

3 (b) If veteran, name war

None

3 (c) Social Security Account

No. 216-10-7011

4. Sex

Female

5. Color or race

White

6 (a) Single, married, widowed, or divorced.

Married

6 (b) Name of husband or wife

MILTON

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.)

FEB. 23.

8. AGE: Years

74.

Months

Days

If less than one day

hr.

min.

9. Birthplace

Yeho, Balto. Co.

(Town, county and state)

10. Usual Occupation

Iron maker

11. Industry or business

Furniture work

12. Name

John. Fowble

13. Birthplace

Germany

14. Maiden Name

Ellen Tony

15. Birthplace

16 (a) Informant

Brother

(b) Address

2926 Christopher Ave

17 (a)

BURIAL

(b) Date thereof

DEC. 9. 52

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

Balto Cem.

Location

Balto Md.

18 (a) Funeral director

PAUL F. HEEMANN

(b) Address

6077 HARTFORD Rd.

19

DEC 8 - 1952

(Date rec'd by registrar)

Huntington Williams, MD

(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6, 1952, at 9:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17, 1950, to Dec. 6, 1952, and that I last saw her alive on Dec. 5, 1952.

Immediate cause of death

Heart failure

Due to

Coronary artery dis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide
- (b) Date of occurrence at M
- (c) Where did injury occur? (City or town) (County) (State)
- (d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
- (e) Means of injury

23. Signature

Donald Jandorf

M. D.

Address 6077 Hartford Rd. Date signed 12-6-52

Duration

6 mos

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians; please write the causes of death clearly and briefly.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

342
52 11107BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11107

BIRTH NO. 11127

1. NAME OF DECEASED (Type or Print) <i>Madaline (MAGGIE) Sydlowski</i>			2. DATE OF DEATH <i>12-5-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i> (If not in hospital or institution, give street address or location)			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore 2-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1922 Bank St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>70</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>William Chmielewski</i>			14. MOTHER'S MAIDEN NAME <i>Maryanna</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Margie Lepner</i>			ADDRESS <i>1922 Bank St.</i>		

18. *443X and E 902.0*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) *Cardiac failure*
DUE TO
(B) *Hypertensive-arteriosclerotic*
DUE TO *cardiovascular disease*
(C) _____

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Emigration labial abscess, fractured hip

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>1922 Bank St.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Oct. ? '52 m.</i>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? <i>Fell out of bed.</i>	
22. I hereby certify that I attended the deceased from <i>11-8-52</i> to <i>12-5-52</i> , that I last saw the deceased alive on <i>12-5-52</i> , and that death occurred at <i>5:30 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Melvin J. Janowski</i> M. D.		23B. ADDRESS <i>2711 Eastern Ave.</i>		23C. DATE SIGNED <i>12/8/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 10, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm. S. Fialkowski 2007 Eastern Ave.</i>	

VS 150

N 820.0

P 3591

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CERTIFICATE OF DEATH

REGISTERED CIVILIAN DEPARTMENT OF HEALTH

(MARRIAGE)

CAUSE OF DEATH

DEATH CERTIFICATE

DEATH CERTIFICATE OF DEATH
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320
52 11128BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 52 11128

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gladys

Dietz

2. DATE
OF
DEATH

DEC 7 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

Pa.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Belfonte

D. STREET ADDRESS (If rural, give location)

119 N. PENN ST.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.

female white

S.

10-9-52

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Pennsylvania

14. MOTHER'S MAIDEN NAME

Albertina Yearick

13. FATHER'S NAME

Edward Dietz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congenital Heart Disease

7 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Dec 5, 1952

Congenital Heart Disease

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12-4-1952 to 12-7-1952 that I last saw the
deceased alive on 12-7-1952 and that death occurred at 10:50 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Name Harold Kay, M.D.

JOHNS HOPKINS HOSPITAL

Dec 8, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

12-8-52

Bellefonte

Bellefonte, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

Huntington Williams, M.D. M. Cook Inc. 1217 St. Paul St.

1950

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

CERTIFICATE OF DEATH

112

1950

DATE OF DEATH

PLACE OF DEATH

THE DEATH OCCURRED AT THE RESIDENCE OF THE DECEASED

DECEASED WAS FOUND DEAD BY THE POLICE

DECEASED WAS FOUND DEAD BY THE POLICE

DECEASED WAS FOUND DEAD BY THE POLICE

1 2 1 1 0 0 0 0

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11139**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Lawrence Grover			2. DATE OF DEATH Dec. 5, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 733 Dolphin Street			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 733 Dolphin Street		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1, 1893	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Elevator Public	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Grover			14. MOTHER'S MAIDEN NAME Elizabeth Taylor		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes War # 1		16. SOCIAL SECURITY NO. 217-09	17. INFORMANT ADDRESS Mary Grover 733 Dolphin Street		

1b. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Left hemiplegia DUE TO (B) Hypertension DUE TO heart. (C)	INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	

20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

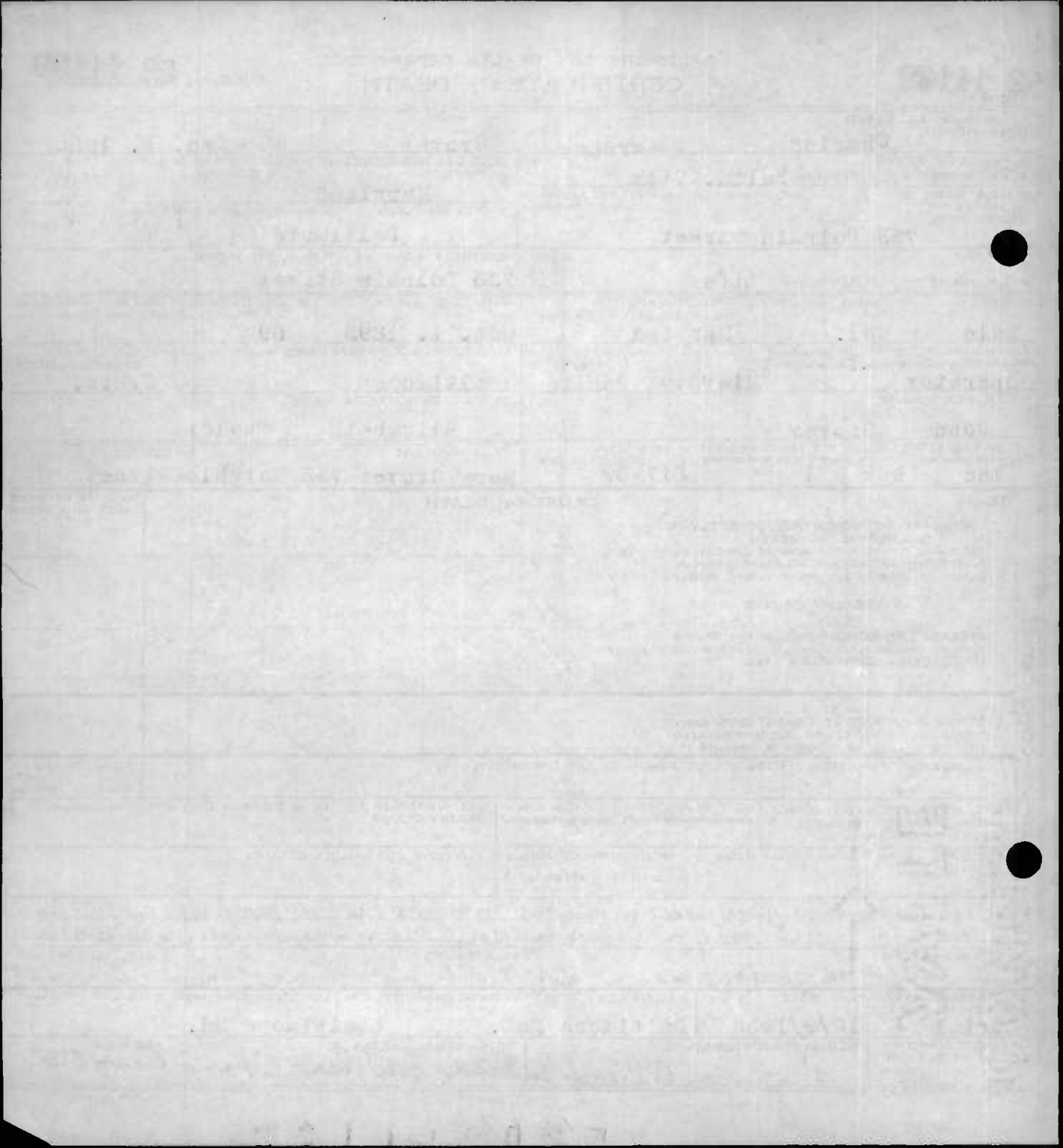
22. I hereby certify that I attended the deceased from **4 Decemb, 1952** to **5 Decemb, 1952** that I last saw the deceased alive on **5 Dec., 1952**, and that death occurred at **6 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **S. Ankudavicius** M. D. 23b. ADDRESS **910 W. Lombard str.** 23c. DATE SIGNED **8 Decemb. 52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12/9/1952** 24c. NAME OF CEMETERY OR CREMATORY **Baltimore Nat.** 24d. LOCATION (City, town, or county) (State) **Baltimore Md.**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 8-1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** FUNERAL DIRECTOR **1000 Brantly Ave** ADDRESS

76674



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11130

Registered No. _____

52 11130

1. NAME OF DECEASED (Type or Print) <i>Daniel Carter</i>		2. DATE OF DEATH <i>Dec. 5, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>10 years</i>		D. STREET ADDRESS (If rural, give location) <i>1534 John St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 16, 1915</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Roofing Co.</i>	9. AGE (In years last birthday) <i>37</i>
13. FATHER'S NAME <i>James Carter</i>		14. MOTHER'S MAIDEN NAME <i>Bertha Whitlock</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>219-05-0725</i>	
11. BIRTHPLACE (State or foreign country) <i>Chester, S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Cardio-renal disease.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 mos.</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(A) Hypertensive Cardio-renal disease.</i>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Dec. 10, 1952</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>12.5</i> , 19 <i>52</i> to <i>12.5</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>12.5</i> , 19 <i>52</i> , and that death occurred at <i>11:15</i> a.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>James D. Carr</i>		23B. ADDRESS <i>1437 Madison Ave</i>		23C. DATE SIGNED <i>12.8.52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 10, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Piney Grove</i>	24D. LOCATION (City, town, or county) (State) <i>Chester, S.C.</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		26. ADDRESS <i>1631 Daniel Hill Ave</i>		

00110 97

15



Dr. J. J. Gordy
52 11131BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11131

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA KNEAVEL		2. DATE OF DEATH DEC. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 10 Middleton Court		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 10 Middleton Court	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 28, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Michael J. Ruck		14. MOTHER'S MAIDEN NAME Mary E. Rudel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Wm. Kneavel, 10 Middleton Court		ADDRESS	

18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Chronic Myocarditis DUE TO (B) Hypertension DUE TO (C) Diabetes Mellitus	INTERVAL BETWEEN ONSET AND DEATH 4 years 5 years 6 years
--	--	---

19A. DATE OF OPERATION Nov 1949	19B. MAJOR FINDINGS OF OPERATION Left Leg Amputated Above the Knee	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15 1946 to Dec 7 1952, that I last saw the deceased alive on Dec 5 1952, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE J. J. Gordy	23B. ADDRESS M. D. 5706 Harford Road	23C. DATE SIGNED 12/8/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/10/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.		ADDRESS

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52 11132BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11132
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANKLIN THOMAS BREYLEY

2. DATE
OF
DEATH

Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3604 White Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3604 White Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 4, 1872

9. AGE (In years
last birthday)

80

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

City Employee

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cleveland, Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Breyley

14. MOTHER'S MAIDEN NAME

Mary Gibson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-24-1872

17. INFORMANT

ADDRESS

Mrs. Martha Breyley, 3604 White Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anteroband: C.U.D.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to Dec 7, 1952, that I last saw the
deceased alive on Dec 6, 1952, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/7/52

24C. NAME OF CEMETERY OR CREMATORY

Acacia Cemetery

24D. LOCATION (City, town, or county)

Cleveland, Ohio

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

Huntington Williams

Leonard J. Ruck, 5305 Harford Road

VS 150

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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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52 11133BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11133
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin E. Edwards

2. DATE
OF
DEATH

Dec. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4609 Elsrode Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4609 Elsrode Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 18, 1864

9. AGE (In years
last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Welsh Const.

10B. KIND OF BUSINESS OR
INDUSTRY

Salesman, Ret.

11. BIRTHPLACE (State or foreign country)

St. Mary's Co, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George W. Edwards

14. MOTHER'S MAIDEN NAME

Jane R. Kirby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-12-9563

17. INFORMANT

ADDRESS

A Mrs. Howard W. Morrison, same

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY Occlusion 20 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to 12/5/52, 19, that I last saw the
deceased alive on 12/5/52, 19, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/9/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNDING DIRECTOR

ADDRESS

DEC 8 - 1952 Huntington Williams, M.D. Leonard J. Ruck, 5305 Harford Road.

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DEPARTMENT OF COMMERCE
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52 11134BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11134

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN ANTOINETTE SEEMAN

2. DATE
OF
DEATH

Dec-6-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Upland Road

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Roland Park Apartments

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY

Maryland Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

Upland Road

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan-13-1877

9. AGE (in years
last birthday)

75

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles W. Slagle

14. MOTHER'S MAIDEN NAME

Rachael A. Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Charles W. Slagle, 4803 Roland Ave., City

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral hemorrhage
Hypertension. Arterio-sclerosis
Generalized.
Nihilus mellitussudden
? yrs.
about 3 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6, 1952, to 12/6, 1952, that I last saw the
deceased alive on 12/4, 1952, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Edwin B. Jarrett

M. D.

23B. ADDRESS

11 East Chase St. City-2

23C. DATE SIGNED

12/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec-9-1952.

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

Stewart & Mowen Co., 108 W. North Avenue,

VS 150

City #1.

1952001127

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CERTIFICATE OF DEATH

12 11 11

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		12/11/11		New York City		Heart Disease		[Signature]		[Signature]	
Date of Birth		Place of Birth		Marital Status		Occupation		Date of Burial		Place of Burial		Burial Service		Funeral Home		Cemetery	
12/11/11		New York City		Married		Teacher		12/11/11		New York City		St. John's Church		St. John's Church		St. John's Church	
Manner of Death		Time of Death		Time of Burial		Time of Interment		Time of Cremation		Time of Disposition		Time of Disposition		Time of Disposition		Time of Disposition	
Natural		12:00 PM		1:00 PM		2:00 PM		3:00 PM		4:00 PM		5:00 PM		6:00 PM		7:00 PM	
Disease		Symptoms		Diagnosis		Treatment		Prognosis		Outcome		Remarks		Remarks		Remarks	
Heart Disease		Chest Pain		Myocardial Infarction		Medication		Death		Death		Death		Death		Death	
Cause of Death		Time of Death		Time of Burial		Time of Interment		Time of Cremation		Time of Disposition		Time of Disposition		Time of Disposition		Time of Disposition	
Heart Disease		12:00 PM		1:00 PM		2:00 PM		3:00 PM		4:00 PM		5:00 PM		6:00 PM		7:00 PM	
Disease		Symptoms		Diagnosis		Treatment		Prognosis		Outcome		Remarks		Remarks		Remarks	
Heart Disease		Chest Pain		Myocardial Infarction		Medication		Death		Death		Death		Death		Death	
Cause of Death		Time of Death		Time of Burial		Time of Interment		Time of Cremation		Time of Disposition		Time of Disposition		Time of Disposition		Time of Disposition	
Heart Disease		12:00 PM		1:00 PM		2:00 PM		3:00 PM		4:00 PM		5:00 PM		6:00 PM		7:00 PM	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11135

256

BIRTH No. 52 11135

1. NAME OF DECEASED (Type or Print) <i>Lilia Damer McKenrick</i>		2. DATE OF DEATH <i>Dec-8-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>321 Hawthorn</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>321 Hawthorn</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb 5/1877</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (in years last birthday) <i>75</i>
13. FATHER'S NAME <i>John Damer Sanders</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. SOCIAL SECURITY NO. <i>No</i>		14. MOTHER'S MAIDEN NAME <i>Eleanor Trail</i>	
17. INFORMANT <i>Charles D. McKenrick (son)</i>		ADDRESS <i>Baltimore</i>	

18. <i>42010</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) <i>arteriosclerotic heart disease</i>	
ANTECEDENT CAUSES	(B) <i>D. O. A.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Approved by Dr. Russel Fisher</i>	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on *Dec 8*, 19*52* and that death occurred at *1245 A.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph D. B. King</i>	23B. ADDRESS <i>1210 E. Tow Peace - 17</i>	23C. DATE SIGNED <i>12/8/52</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 9-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Ridge</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Stewart M. M. B. Baldo</i>	ADDRESS

MEDICAL CERTIFICATION

1911

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

1911

[Faint, illegible handwriting covering the majority of the page, likely bleed-through from the reverse side.]

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

-620
52 11136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11136
Registered No.

1. NAME OF DECEASED (Type or Print)		NELLIE M. MARSH		2. DATE OF DEATH Dec. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY none		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Southern Home & Hospital 2520 Greenmount Ave.		D. STREET ADDRESS (If rural, give location) Southern Home & Hospital		12-03	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 10, 1869	9. AGE (In years last birthday) 83	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME W. J. Wilson		14. MOTHER'S MAIDEN NAME Elizabeth Ryan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Falkner, Southern Home & Hospital	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Pneumonia, lobular		3 weeks	
(B) DUE TO		Atherosclerotic cardiovascular disease		Indefinite	
(C) DUE TO					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from October, 1950 to December, 1952, that I last saw the deceased alive on Dec. 6, 1952, and that death occurred at 8 a. m., from the causes and on the date stated above.

23A. SIGNATURE H. J. Wallemeier		23B. ADDRESS Medical Arts Building		23C. DATE SIGNED 12 - 8 - 52	
------------------------------------	--	---------------------------------------	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12 - 10 - 52	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
---	---------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	ADDRESS 1900 Eutaw Place
--	--	---	-----------------------------

12-11-19

CERTIFICATE OF DEATH

12-11-19

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth		6. Usual residence		7. Cause of death		8. Date of death		9. Place of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	

200
52 11137BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11137

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AARON

LEWIS

2. DATE
OF
DEATH

Dec. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

13 S. Schroeder Street

Length of stay in Baltimore

102 1/2

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar. 25-1915

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Boat Black

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Aaron Lewis

11. BIRTHPLACE (State or foreign country)

Blountsville, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Alice Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Robert L. Lewis - 2334 Risterstown Rd

18. 292.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Sickle cell anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. [Signature]

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1952

Huntington Williams, M.D.

Samuel W. Sullivan

Baltimore, Md

WENT 52

WENT 52

52 11138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11138

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Scible

2. DATE
OF
DEATH

Dec-5-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence
A. STATE B. COUNTY before admission)

Md

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-36

d. STREET ADDRESS (If rural, give location)

1425 Stromeyer Way

e. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-14-05

9. AGE (In years,
last birthday)

47

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR
INDUSTRY

At Home.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Kenigan

14. MOTHER'S MAIDEN NAME

Bridget Carthy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 443X and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary artery accident

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular dis.

4 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

3 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-1952 to 12-5-1952, that I last saw the
deceased alive on 12-5-1952 and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE

John C. Hederman

M. D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

12-5-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

12-9-52

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery 4300 Old Frederick Rd.

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walisus, M.D.

25. FUNERAL DIRECTOR

Charles S. Zeller

ADDRESS

901 S. Conkling St.

DEC 9 - 1952

VS 150

correct age is especially important. Physicians: please file the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CENTRAL CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Nature of Injury		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Burial Officer	
16. Signature of Undertaker		17. Signature of Funeral Home		18. Signature of Cemetery		19. Signature of Burial Place		20. Signature of Burial Date	
21. Signature of Burial Time		22. Signature of Burial Location		23. Signature of Burial Direction		24. Signature of Burial Orientation		25. Signature of Burial Orientation	
26. Signature of Burial Orientation		27. Signature of Burial Orientation		28. Signature of Burial Orientation		29. Signature of Burial Orientation		30. Signature of Burial Orientation	
31. Signature of Burial Orientation		32. Signature of Burial Orientation		33. Signature of Burial Orientation		34. Signature of Burial Orientation		35. Signature of Burial Orientation	
36. Signature of Burial Orientation		37. Signature of Burial Orientation		38. Signature of Burial Orientation		39. Signature of Burial Orientation		40. Signature of Burial Orientation	
41. Signature of Burial Orientation		42. Signature of Burial Orientation		43. Signature of Burial Orientation		44. Signature of Burial Orientation		45. Signature of Burial Orientation	
46. Signature of Burial Orientation		47. Signature of Burial Orientation		48. Signature of Burial Orientation		49. Signature of Burial Orientation		50. Signature of Burial Orientation	
51. Signature of Burial Orientation		52. Signature of Burial Orientation		53. Signature of Burial Orientation		54. Signature of Burial Orientation		55. Signature of Burial Orientation	
56. Signature of Burial Orientation		57. Signature of Burial Orientation		58. Signature of Burial Orientation		59. Signature of Burial Orientation		60. Signature of Burial Orientation	
61. Signature of Burial Orientation		62. Signature of Burial Orientation		63. Signature of Burial Orientation		64. Signature of Burial Orientation		65. Signature of Burial Orientation	
66. Signature of Burial Orientation		67. Signature of Burial Orientation		68. Signature of Burial Orientation		69. Signature of Burial Orientation		70. Signature of Burial Orientation	
71. Signature of Burial Orientation		72. Signature of Burial Orientation		73. Signature of Burial Orientation		74. Signature of Burial Orientation		75. Signature of Burial Orientation	
76. Signature of Burial Orientation		77. Signature of Burial Orientation		78. Signature of Burial Orientation		79. Signature of Burial Orientation		80. Signature of Burial Orientation	
81. Signature of Burial Orientation		82. Signature of Burial Orientation		83. Signature of Burial Orientation		84. Signature of Burial Orientation		85. Signature of Burial Orientation	
86. Signature of Burial Orientation		87. Signature of Burial Orientation		88. Signature of Burial Orientation		89. Signature of Burial Orientation		90. Signature of Burial Orientation	
91. Signature of Burial Orientation		92. Signature of Burial Orientation		93. Signature of Burial Orientation		94. Signature of Burial Orientation		95. Signature of Burial Orientation	
96. Signature of Burial Orientation		97. Signature of Burial Orientation		98. Signature of Burial Orientation		99. Signature of Burial Orientation		100. Signature of Burial Orientation	

346
52 11139BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11139

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Graham Butler

2. DATE
OF
DEATH

Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

721 Dolphin St.

C. Length of stay in Baltimore

25 years

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Custodian

10B. KIND OF BUSINESS OR
INDUSTRY

J. M. C. Co.

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-03

D. STREET ADDRESS (If rural, give location)

721 Dolphin St.

8. DATE OF BIRTH

Mar. 3, 1878

11. BIRTHPLACE (State or foreign country)

Horristown, Pa. U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

Mary?

14. MOTHER'S MAIDEN NAME

Mary

17. INFORMANT

Mrs. Beleggianna Jackson

721 Dolphin St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1952, to Dec. 7, 1952, that I last saw the
deceased alive on 12-6, 1952, and that death occurred at 7 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Campbell

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

12-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Hallard Funeral Home

ADDRESS

1617 Grand Hill Ave.

VS 150

770 & X0 011132

CHART 50

10000

1

WATER



10000

452
52 11140BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11140
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Same - B. Williams			2. DATE OF DEATH 12-6-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution : residence before admission) A. STATE MARYLAND C. CITY OR TOWN BALTIMORE D. STREET ADDRESS (If rural, give location) 2331 W. LANVALE ST.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1400 W Franklin ST.			9. AGE (In years last birthday) 67 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.		
C. Length of stay in Baltimore 35 YRS.			8. DATE OF BIRTH 3/17/1885		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	11. BIRTHPLACE (State or foreign country) OKLA		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10B. KIND OF BUSINESS OR INDUSTRY BEAUTY SUPPLIES			14. MOTHER'S MAIDEN NAME		
13. FATHER'S NAME (n)			17. INFORMANT ADDRESS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W.#1			16. SOCIAL SECURITY NO. 214-12-0685		
18. E974x			17. INFORMANT ADDRESS ELLA GREEN(D) 121 WILLOW CT.		

18. E974x		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Asphyxia due to hanging			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage back of 1300 W. Franklin St.		21C. WHERE AND WHEN INJURY OCCURRED Inspection	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found 4:10pm 12/6/52		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged himself	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. [Signature]		23B. CHIEF MEDICAL EXAMINER M.D. [Signature]		23C. DATE SIGNED 12-7-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/9/52	24C. NAME OF CEMETERY OR CREMATORY Balto Natl Cem. Balto. Md.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Charles [Signature]	
V S 151 N 991X 52 49832 512 Canwell Ave			

18-5-25

James S. Thompson

RECEIVED

RECEIVED

RECEIVED

RECEIVED

25

RECEIVED

RECEIVED

52 11141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11141
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BESSIE BLACK			2. DATE OF DEATH December 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-03		
D. LENGTH OF STAY IN BALTIMORE 37 yrs			D. STREET ADDRESS (If rural, give location) 827 Madison Avenue		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-28-1900	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			11. BIRTHPLACE (State or foreign country) 2. S. A.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jack Mayo			14. MOTHER'S MAIDEN NAME P.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Charles Black			ADDRESS 756 Penn. Ave.		

18. **490X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Lobar pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above; held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Dec. 4, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1952
VS 151

Burial **12-9-52** **Mt. Zion Cem** **Balto. Md.**
Huntington Williams, M.D. **Wm. A. Jackson** **916 Penn. Ave.**

VS 151

520011134

correct age is important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1917

1917

27 Jan

W. A. C. 1917

2-28-1900 22

1917

1917

1917

1917

1917

1917

1917

52 11142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11142

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Casimir Wancowicz (Or) Kazimierz Wancowicz

2. DATE
OF
DEATH

Dec, 8th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 315 S. Madeira Street

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

At Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 31

1-05

D. STREET ADDRESS (If rural, give location)

315 South Madeira Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec, 18-1881

9. AGE (In years
last birthday)

71

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tallymen

10B. KIND OF BUSINESS OR
INDUSTRY

B.&O. Railroad

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Wancowicz

14. MOTHER'S MAIDEN NAME

Anna Junajtys

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
705-09-6383

17. INFORMANT

ADDRESS

Apolonia Wancowicz 315 South Madeira St.

18. 422.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arterio sclerotic cordis -

years

DUE TO

vascular disease

ANTECEDENT CAUSES

(B) Diabetic - very mild

years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Mar. 30, 1941, to Dec. 5, 1952, that I last saw the
deceased alive on Dec. 5, 1952, and that death occurred at 11:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Sigmond R. Nowak

M. D.

408 S. Patterson Park Ln.

Dec. 8, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec, 11th, 1952

St. Stanislaus

1300 Dundalk Ave Balto, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1952

Huntington Williams, M.D.

George A. Webb 705 S. Ann St

VS 150

390 50

correct age is especially important. Physicians, please

9-11-54

TABLE OF CONTENTS

CHAPTER I. INTRODUCTION

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

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52 11143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11143
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George J. Deck*2. DATE
OF
DEATH*12-7-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*St. Agnes Hospital*
*Life*Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*Oct. 21, 1896*9. AGE (In years
last birthday)*53*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Salesman*10B. KIND OF BUSINESS OR
INDUSTRY*Davis Paint Co*

11. BIRTHPLACE (State or foreign country)

*Baltimore, Maryland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John H. Deck

14. MOTHER'S MAIDEN NAME

*Katherine Franke*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Miss Helen R. Deck 700 Park Ave*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Intracerebral hemorrhage*
DUE TO *Cerebral Arteriosclerosis*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive Cardio Vasc.*
DUE TO *Arteriosclerosis*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-3*, 19 *52*, to *12-7*, 19 *52*; that I last saw the
deceased alive on *12-7*, 19 *52*, and that death occurred at *11:20 P.m.* from the causes and on the date stated above.

23A. SIGNATURE

Harry A. Thompson
M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

*12-7-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

12/11/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

H. W. W. & Son, 805 N. Calvert St

DEC 9 - 1952

VS 150

49849 1136

52 11144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11144
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Annette Woods</i>		2. DATE OF DEATH <i>12-6-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>1322 Argyle Avenue</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3/14/1926</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unemployed</i>		11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Samuel Woods</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Rebecca Woods</i>		ADDRESS <i>1322 Argyle Ave</i>	

18. <i>E916.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>3rd + 4th Degree Burns of 100% of Body</i>	INTERNAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>100% of Body</i> (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location) <i>1322 Argyle Avenue</i>	
21D. TIME (Month) (Day) (Year) (Hour) <i>Dec. 6, 1952 - 11:15 a.m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Kitchen caught fire as pot of tar exploded thereon and from</i>	
22. I certify that I took charge of the remains described above, held <i>No Autopsy</i> and <i>Autopsy, Inspection or Inquiry</i> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>12-7-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>12/13/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Chester, S. C.</i>	
24D. LOCATION (City, town, or county) (State) <i>South Carolina</i>		25. FUNERAL DIRECTOR <i>C. Halstead</i>		ADDRESS <i>918 - 4th Ave. S.E.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 9 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

V S 151

N 948.2 1 9 5 2 0 0 1 1 1 3 7

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

See letter in document file from Dr. W. W. Lovitt, Jr.,
Asst. Medical Examiner

530
52 11145BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11145

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Reginald Knott

2. DATE
OF
DEATH

12-6-52

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

9-04

D. STREET ADDRESS (If rural, give location)

600 EAST 31ST STREET

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

ABOUT 1877

9. AGE (In years last birthday)

ABOUT 75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JANITOR

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE COUNTY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. E. L. COOK-SEY, 600 E. 31ST ST.

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardiovascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/10/52

24C. NAME OF CEMETERY OR CREMATORY

ST. JOHN'S CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

24m. Cook, Inc., 1217 ST. PAUL ST

VS 151

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12 5 2

Reynolds No 11

Green Mountain Hospital

John H. Reynolds

1892

John H. Reynolds

John H. Reynolds

635
52 11146BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11146

BIRTH NO.

51-15682

1. NAME OF DECEASED
(Type or Print)

FRANK J. JORDAN, JR.

2. DATE
OF
DEATH

Dec. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hosp.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 21-01D. STREET ADDRESS (If rural, give location)
1014 Ridgely Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7/11/1951

9. AGE (in years
last birthday)

1

If Under 1 Year
Months Days

4 27

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Balto. Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank J. Jordan Sr.

14. MOTHER'S MAIDEN NAME

Alice L. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank J. Jordan Sr. 1014 Ridgely St.

18. E902.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Subdural hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☒ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1014 Ridgely Street

21D. TIME (Month) (Day) (Year) (Hour)
of INJURY
Dec. 8, 1952 12:18 P. m.21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell from couch

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
Dec. 8, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/10/52

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

VS 151

N 854.2

520011139

2011 57

2011 57



626
52 11147BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11147

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL S. PROSSER

2. DATE
OF
DEATH

December 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONMount Nursing Home
3706 Nortonia Road

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1714 Guilford Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 17, 1881

9. AGE (in years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Trainman

10B. KIND OF BUSINESS OR
INDUSTRY

Penna. R. R. Co.

11. BIRTHPLACE (State or foreign country)

New Freedom, Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Artemis Prosser

14. MOTHER'S MAIDEN NAME

Mary E. Wilhelm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

717-07-8141

17. INFORMANT

Jennie Ridout, 233 7th Ave. St. Petersburg
Florida

18. 162 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1950 to Dec, 1952, that I last saw the
deceased alive on Dec 5, 1952 and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard L. Riley, M. D.

23B. ADDRESS

1901 Dixon Rd, Balto 9

23C. DATE SIGNED

12/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/10/52

24C. NAME OF CEMETERY OR CREMATORY

New Freedom Cemetery

24D. LOCATION (City, town, or county)

New Freedom, Pennsylvania

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Date of Registration		12. Office of Registrar	
13. Name of Informant		14. Relationship to Deceased		15. Signature of Informant	
16. Name of Burial Place		17. Name of Minister		18. Signature of Minister	
19. Name of Undertaker		20. Signature of Undertaker		21. Date of Burial	
22. Name of Coroner		23. Signature of Coroner		24. Date of Autopsy	
25. Name of Medical Examiner		26. Signature of Medical Examiner		27. Date of Examination	
28. Name of Pathologist		29. Signature of Pathologist		30. Date of Report	
31. Name of Anatomist		32. Signature of Anatomist		33. Date of Dissection	
34. Name of Embalmer		35. Signature of Embalmer		36. Date of Embalming	
37. Name of Funeral Home		38. Signature of Funeral Home		39. Date of Funeral	
40. Name of Cemetery		41. Signature of Cemetery		42. Date of Interment	
43. Name of Grave		44. Signature of Grave		45. Date of Burial	
46. Name of Monument		47. Signature of Monument		48. Date of Installation	
49. Name of Graveyard		50. Signature of Graveyard		51. Date of Opening	
52. Name of Graveyard		53. Signature of Graveyard		54. Date of Closing	
55. Name of Graveyard		56. Signature of Graveyard		57. Date of Opening	
58. Name of Graveyard		59. Signature of Graveyard		60. Date of Closing	
61. Name of Graveyard		62. Signature of Graveyard		63. Date of Opening	
64. Name of Graveyard		65. Signature of Graveyard		66. Date of Closing	
67. Name of Graveyard		68. Signature of Graveyard		69. Date of Opening	
70. Name of Graveyard		71. Signature of Graveyard		72. Date of Closing	
73. Name of Graveyard		74. Signature of Graveyard		75. Date of Opening	
76. Name of Graveyard		77. Signature of Graveyard		78. Date of Closing	
79. Name of Graveyard		80. Signature of Graveyard		81. Date of Opening	
82. Name of Graveyard		83. Signature of Graveyard		84. Date of Closing	
85. Name of Graveyard		86. Signature of Graveyard		87. Date of Opening	
88. Name of Graveyard		89. Signature of Graveyard		90. Date of Closing	
91. Name of Graveyard		92. Signature of Graveyard		93. Date of Opening	
94. Name of Graveyard		95. Signature of Graveyard		96. Date of Closing	
97. Name of Graveyard		98. Signature of Graveyard		99. Date of Opening	
100. Name of Graveyard		101. Signature of Graveyard		102. Date of Closing	

52 11148

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 11148

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carl A. Kuhle

2. DATE
OF
DEATH

December 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7140 N.E. Miami Ct.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-18-05

9. AGE (In years,
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BARTENDER

10B. KIND OF BUSINESS OR
INDUSTRY

BAR

11. BIRTHPLACE (State or foreign country)

LYNDHURST, NEW JERSEY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES KAHLE

14. MOTHER'S MAIDEN NAME

CATHERINE DIVANEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

135-18-5070

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) myocardial infarct
DUE TO

5 days?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio-sclerosis
DUE TO

(C) Xanthoma tendinosum?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

PARTIAL

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 12-4, 1952 to 12-8, 1952, that I last saw the
deceased alive on 12-8, 1952, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Esther Louise Ullman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

10/9/52

24C. NAME OF CEMETERY OR CREMATORY

MIAMI

24D. LOCATION (City, town, or county)

MIAMI,

(State)

FLORIDA

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 ST. PAUL ST.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1947

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

1947

[Faint, mostly illegible handwritten text and stamps follow, including a large "RECEIVED" stamp in the center and various smaller notations.]

242
52 11149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

(1)
Registered No. 52 11149

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNIE NICHOLS		2. DATE OF DEATH 12-6-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto Md.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1203 Harlem Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-01	
c. Length of stay in Baltimore 2 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1203 Harlem Ave	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar 7 - 1888
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67 yrs
11. BIRTHPLACE (State or foreign country) Whitestone Balto Co		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Alexander Thompson		14. MOTHER'S MAIDEN NAME Mary Etta Hall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Mauno		ADDRESS 1203 Harlem Ave	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial failure	CAUSE OF DEATH (A) Myocardial failure DUE TO 443X (B) Hypertensive cardio v. disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 wks 2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		

19A. DATE OF OPERATION 8		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan**, 19**50**, to **Dec 6**, 19**52**, that I last saw the deceased alive on **12-6**, 19**52**, and that death occurred at **2 pm.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 1723 E. 14th St	23C. DATE SIGNED 12-8-52
--------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 9 - 1952	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto Md
--	----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Brooks Ruggold	ADDRESS 1463 N. Carey St
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1911 52

1911 52

VALLEY

COLORADO

1911 52

200
52 11150BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11150

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Rice

2. DATE
OF
DEATH

Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

805 N. Stricker St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

805 N. Stricker St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1880

9. AGE (in years
last birthday)

71

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Thompson

14. MOTHER'S MAIDEN NAME

Margret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Herman Rice 1517 W. Lafayette Ave.

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Chronic valvular disease of heart
DUE TO

54 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis
DUE TO

34 years?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24-1952 to 12-7-1952 that I last saw the
deceased alive on 12-6-1952 and that death occurred at 4:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. (BURIAL, CREMA-
TION, REMOVAL) (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1952

Huntington Williams, M.D.

Geo. G. Kelson 1303 Presstman St.

VS 150

Geo. G. Kelson

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

11-15-50

DAKOTA CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

11-15-50

11-15-50

11-15-50

11-15-50

Name of Deceased		Date of Birth		Sex	
Age		Race		Religion	
Marital Status		Occupation		Education	
Place of Birth		Date of Death		Time of Death	
Cause of Death		Place of Death		Attending Physician	
Manner of Death		Burial Place		Burial Date	
Signature of Registrar		Signature of Physician		Signature of Coroner	

Name of Deceased		Date of Birth		Sex	
Age		Race		Religion	
Marital Status		Occupation		Education	
Place of Birth		Date of Death		Time of Death	
Cause of Death		Place of Death		Attending Physician	
Manner of Death		Burial Place		Burial Date	
Signature of Registrar		Signature of Physician		Signature of Coroner	

400

52 11151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11151

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rolley, Mr. Luther Brent

2. DATE
OF
DEATH

Dec 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home & Hospital

C. Length of stay in Baltimore

29 Years

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE.

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6-01

D. STREET ADDRESS (If rural, give location)

227 N. Linwood Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/20/1900

9. AGE (in years last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Payrole Clerk-American Smelting Co.

10B. KIND OF BUSINESS OR INDUSTRY

Copper, (M)

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Mr. Luther L. Rolley

14. MOTHER'S MAIDEN NAME

Estelle Mister

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-10-1680

17. INFORMANT

ADDRESS

HOSP. RECORDS

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Glioblastoma Multiforme

5 Months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov 26 1952

19B. MAJOR FINDINGS OF OPERATION

Extensive Brain Tumor - inoperable

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/20 1952 to 12/8 1952 that I last saw the deceased alive on 12/8 1952 and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. Reed Carroll M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

12/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-12-1952

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county) (State)

BALTIMORE

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9-1952

Huntington Williams, M.D.

H.W. JENKINS & SONS Co. 4905 York Rd

9539030 11144

1911 98

1911 98

APR 11 1911

[Faint, illegible text, likely bleed-through from the reverse side of the page]

430
52 11152BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11152
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James

Flood

2. DATE

OF
DEATH Dec. 6. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1019 Washington Street

c. Length of stay in Baltimore

10 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Maker

10B. KIND OF BUSINESS OR INDUSTRY

Shoe Making

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1019 Washington Street

8. DATE OF BIRTH

9. AGE (In years last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Appomattox Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Francis Robinson

17. INFORMANT

ADDRESS

Ratha Bee 1019 Washington Street

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral accident

24 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Dec 1952, to 6 Dec 1952, that I last saw the deceased alive on 6 Dec 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. C. Burwell

M. D.

23B. ADDRESS

121 Coughlin St

23C. DATE SIGNED

12-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/10/1952

24C. NAME OF CEMETERY OR CREMATORY

Appomattox

24D. LOCATION (City, town, or county)

Appomattox Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elroyo Wilson 1000 Brantly

DEC 9 - 1952

Huntington Williams, M.D. 5828 E 15

1944

UNITED STATES GOVERNMENT
COMMUNICATIONS SECTION

1944

TO: [illegible]

FROM: [illegible]

SUBJECT: [illegible]

DATE: [illegible]

TIME: [illegible]

PLACE: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

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REMARKS: [illegible]

REMARKS: [illegible]

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REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

REMARKS: [illegible]

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 11153	
1. NAME OF DECEASED (Type or Print)		AUGUSTINE SAUNDERS Williams		2. DATE OF DEATH Dec. 5, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		d. STREET ADDRESS (If rural, give location) 1113 Division Street	
Length of stay in Baltimore 9 Yrs.		8. DATE OF BIRTH		9. AGE (In years last birthday) 24	
5. SEX Female		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Private		11. BIRTHPLACE (State or foreign country) Buckhan Co. Va.	
13. FATHER'S NAME Adam Saunders		14. MOTHER'S MAIDEN NAME Ada Bell Denis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Henry Saunders 1411 McCulloch St	
18. E 981 X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Gunshot wound of chest			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1113 Division Street	
21d. TIME (Month) (Day) (Year) (Hour) Dec. 5, 1952 (found)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE R. J. Fisher		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED Dec. 5, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/11/1952		24c. NAME OF CEMETERY OR CREMATORY New Store Cem.	
24d. LOCATION (City, town, or county) Shepard Virginia		24e. FUNERAL DIRECTOR Elroyo Wilson 1000 Brantley		24f. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		7208A	
VS 151		N 862.4			

MEDICAL CERTIFICATION

STATE OF

CRIMINAL



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460

52 11154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11154

Registered No. _____

BIRTH NO. _____			2. DATE OF DEATH <u>12-5-52</u>		
1. NAME OF DECEASED (Type or Print) <u>Hattie B. Miller</u>					
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY <u>14-02</u>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Provident Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, Maryland.</u>		
c. Length of stay in Baltimore <u>app 40 yrs</u>			d. STREET ADDRESS (If rural, give location) <u>1514 Division Street.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>Jan 4, 1906.</u>	9. AGE (In years last birthday) <u>46</u>	If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ammunition worker</u>			11. BIRTHPLACE (State or foreign country) <u>Newport news Va</u>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO	CAUSE OF DEATH <u>Cerebral Hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
---	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-5-52</u> , 19 <u>52</u> , to <u>11-5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-5-52</u> , 19 <u>52</u> , and that death occurred at <u>3 1/2</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Isaac L. Brown</u> M. D.		23b. ADDRESS <u>2309 Duval Hill Ave</u>		23c. DATE SIGNED <u>12-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/9/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arbutus Mem Park</u>		24d. LOCATION (City, town, or county) (State) <u>Balto County</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Isaac L. Brown Son</u>		ADDRESS	

DEC 9-1952

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DUPLICATE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11155
Registered No.

BIRTH NO. E.W. 165378

1. NAME OF DECEASED (Type or Print) Diana Doughty		2. DATE OF DEATH 12-4-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 108 West Cross Street	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 58 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Gibson / ?		11. BIRTHPLACE (State or foreign country) South Carolina	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Bronchial Pneumonia DUE TO (B) Cerebral Vascular Accident DUE TO (C) Hypertensive Cardio Vascular disease	INTERVAL BETWEEN ONSET AND DEATH 5 days 11 days 1 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-28 , 19 52 to 12-4 , 19 52 , that I last saw the deceased alive on 12-4 , 19 52 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.		
23A. SIGNATURE H. Gibson	23B. ADDRESS 4940 Eastern Avenue Balto. Md.	23C. DATE SIGNED 12-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/11/52	24C. NAME OF CEMETERY OR CREMATORY Balto. Nat'l	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Isaiah L. Brown Son	ADDRESS 10840 Montg omery St

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

ISSUED BY AUTHORITY -
BUREAU OF VITAL STATISTICS
AFTER THAT BUREAU HAS
BEEN INFORMED THAT
THE ORIGINAL HAS BEEN
LOST BY THE UNDERTAKER
I. BROWN.

HC Johnson
Assured Secy
City Balto Md
Dec 8. 195

52 11156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11156
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph X. Johnson

2. DATE
OF
DEATH

12/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Saint Baltimore Gen. Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

936 S Sharp St

8. DATE OF BIRTH

Aug 11

9. AGE (in years last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Postman

10B. KIND OF BUSINESS OR INDUSTRY

—

13. FATHER'S NAME

Thomas Johnson

14. MOTHER'S MAIDEN NAME

Lila Spencer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sarah E Johnson 936 S Sharp St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion
Arteriosclerotic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1952, to 12/8, 1952, that I last saw the deceased alive on 12/8, 1952, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. W. Conway

M. D.

23B. ADDRESS

South Baltimore Gen. Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1952

Huntington Williams, M.D.

Isaac L. Brown, Jr.

10840 Montgomery St

Journal of the
18th. 1881

600

52 11157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11157

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary O. Power

2. DATE
OF
DEATH

Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2231 N. Calvert St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2231 N. Calvert St.

c. Length of stay in Baltimore

73 years

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 13, 1878

9. AGE (in years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Chicago, Ill.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John S. Sultzer

14. MOTHER'S MAIDEN NAME

Mary O. Blessing

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

John A. Power- 2231 N. Calvert St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Oct 1947 to Dec 7, 1952, that I last saw the
deceased alive on Dec 7, 1952 and that death occurred at 5:47 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC. 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Chas F. Evans & Son

118 W. Mt. Royal Ave.

VS 150

Huntington Williams, M.D.

50011150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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52 11158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11158
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH FRANK BRYL

2. DATE
OF
DEATH

12/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1629 CHURCH ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 25-05

D. Length of stay in Baltimore

31

E. STREET ADDRESS (If rural, give location)

1629 CHURCH ST

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-1-1895

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

SANTATION-CITY

11. BIRTHPLACE (State or foreign country)

CZECHOSLOVAKIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

214-01-2139

17. INFORMANT

ADDRESS

WALTER BRYL 5712 MOORE ST

18. E974X and 163X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Asphyxia due to

DUE TO

Hanging

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma A OF LUNG

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1629 Church ST

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

12 7 52 11:30 AM

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hanged self from wardrobe

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. R. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-11-1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS, A.A. CO.

24D. LOCATION (City, town, or county)

ANNE ARUNDEL CO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FR. CYACH & SON 900 N. CHESTER ST

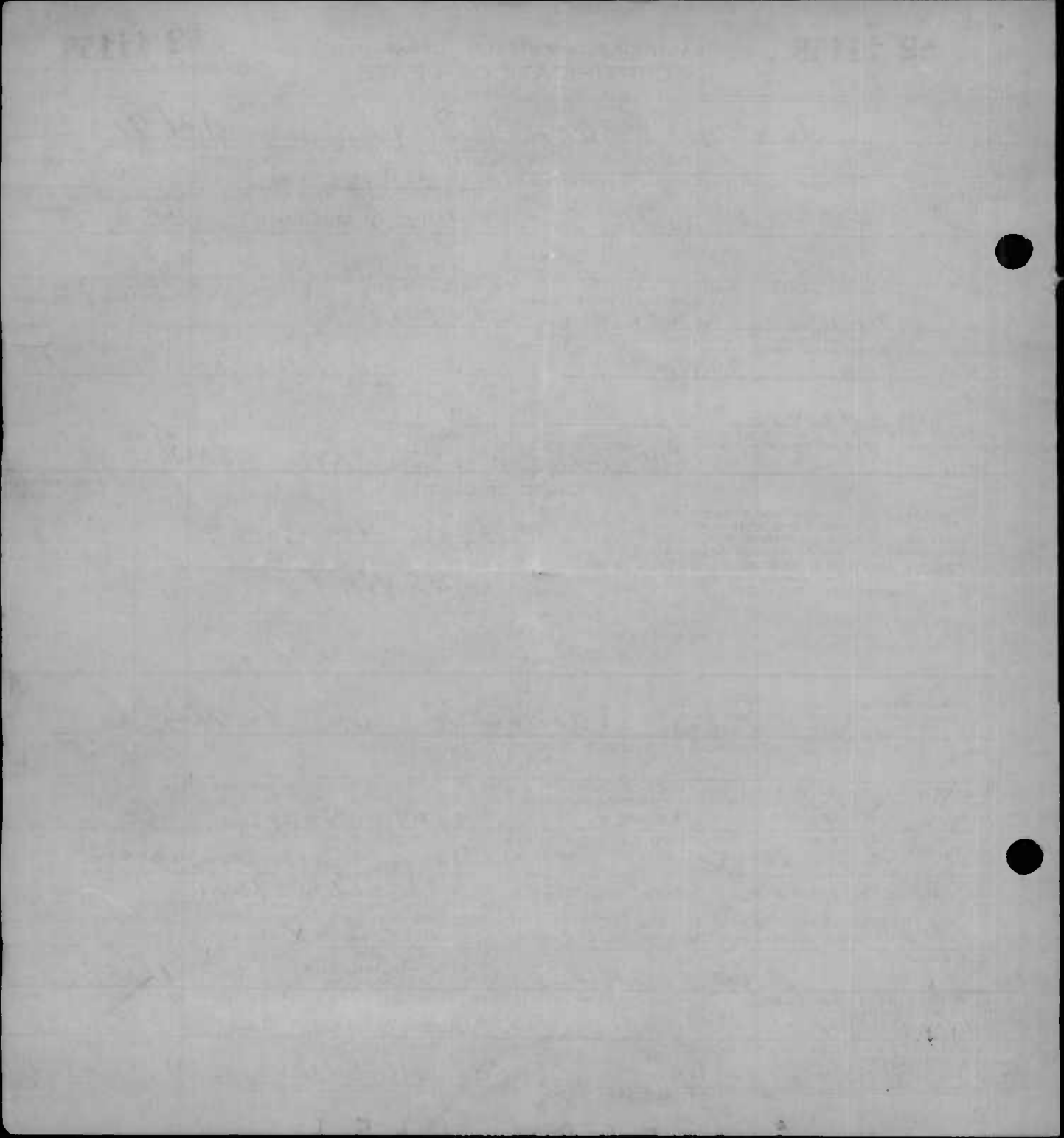
VS 151

N991X

9705651

correct age is especially important. Physicians: please write the causes of death carefully and legibly.

MEDICAL CERTIFICATION



320
52 11159BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11159
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Anne Vitek

2. DATE
OF
DEATH

12/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Bon Secours Hosp.

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Fayette & Pulaski sts.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 7-03

D. STREET ADDRESS (If rural, give location)

2203 E. Eager St.

E. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/23/04

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Engelmann

14. MOTHER'S MAIDEN NAME

Wilhelmina Etyel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Stanley Vitek Home

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Generalized Carcinomatous
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of Esophagus
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Infarction

19A. DATE OF OPERATION

7/16/52

19B. MAJOR FINDINGS OF OPERATION

Inoperable ovarian tumor

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22/52, 1952, to 12/8, 1952, that I last saw the
deceased alive on 12/8, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James R. Shabill

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

12/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-12-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balt. 40

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. Croach & Son, 8004 Chelton

DEC 9 - 1952

VS 150

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10/11/19

10/11/19

10/11/19

10/11/19

10/11/19

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10/11/19

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10/11/19

10/11/19

-240
52 11160BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11160

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

MICHAEL

2. DATE
OF
DEATH

DECEMBER 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4806 ALTHEA AVE.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)
4806 ALTHEA AVE

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 26-02D. STREET ADDRESS (If rural, give location)
4806 ALTHEA AVE.

c. Length of stay in Baltimore

BB

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

UNKNOWN

9. AGE (In years
last birthday)

85

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BOHEMIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ROSE MICHAEL 4806 ALTHEA AVE 6

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CARCINOMA OF PANCREAS 4 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDIOT ON CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

☐

NOT WHILE

☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPTEMBER, 1952, to DECEMBER, 1952, that I last saw the
deceased alive on DEC 4, 1952, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

12-10-52

HOLY REDEEMER

BALTO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9-1952

Huntington Williams, Jr.

FR. CVACH & SON 900 N. CHESTER, 5

VS 150

MEDICAL CERTIFICATION
correct age is especially important. Physicians, please write in full.

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0011 52

AMERICA

356 52 11162

CERTIFICATE CORRECTED 1/5/53 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11162
Registered No.BIRTH NO. **MLB. 164889**

1. NAME OF DECEASED (Type or Print) Emma Eitnier (EITNER)		2. DATE OF DEATH 12-7-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Essex	
c. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 730 Riverside Drive 5254	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 8, 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 60?
13. FATHER'S NAME Frank Waters		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Lillian	
17. INFORMANT Records: Baltimore City Hospitals 4940 Eastern Ave		ADDRESS	

18. 174X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Carcinoma of uterus with metastasis to perimetrium.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Possible pneumonia General debilitation		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-12- , 19 52 , to 12-7- , 19 52 , that I last saw the deceased alive on 12-7- , 19 52 , and that death occurred at 6:45 P.M. from the causes and on the date stated above.				
23A. SIGNATURE H. J. Jones, M.D.		23B. ADDRESS 4940 Eastern Ave. Balto Md.		23C. DATE SIGNED 12-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-10-52	24C. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR 9-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John S. Connelly	ADDRESS -418 Eastern Ave Balto 21 md.

VS 150

520011155

See query reply in Document file

2311

52 11163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11163

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE NEWBERRY BUTT

2. DATE
OF
DEATH

Dec. 6th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Balt., City Hospitals

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

113 N. Janney St

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 3-1895

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Hupka

14. MOTHER'S MAIDEN NAME

Ida Mae Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

R. L. Butt Sr. 113 N. Janney

18. 415X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Klebsiella C. V. desec
C. desec

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Acute Pulmonary edema

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to 12/6, 1952 that I last saw the deceased alive on 11/28, 1952, and that death occurred at 3:25 Am., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Connolly

23B. ADDRESS

3400 E. Belk

23C. DATE SIGNED

12/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 9-1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balt., Co.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

J. S. Connolly - 418 Eastern Ave
Balt. 21 Md.

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death.

DEC 9-1952 VS 150

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DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
JAN 10 1900

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52 11164Falter
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11164
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward P. Falter

2. DATE
OF
DEATH

12-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1125 MONASTERY AVE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRESIDENT

10B. KIND OF BUSINESS OR INDUSTRY

CANDY CO.

8. DATE OF BIRTH

OCT. 29, 1885

9. AGE (In years last birthday)

67

11 Under 1 Year Months: Days

12 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEORGE J. FALTER

14. MOTHER'S MAIDEN NAME

MARY WRIGHT.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank Falter 115 N. Springton Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive Cardiovascular

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE OLD INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW OLD INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an No Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

MEDICAL INVESTIGATOR.....

12-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1952

Huntington Williams, M.D.

George A. Farley - Catonsville, Md.

VS 151

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DEPT. OF AGRICULTURE
OFFICE OF THE SECRETARY

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1881 53

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 52 11165

BIRTH NO. 52 11165

1. NAME OF DECEASED (Type or Print) <u>Altwater, Mrs. Mollie Priscilla</u>		2. DATE OF DEATH <u>December 7, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>700 W 40th St</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Incurables</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>42 yrs -</u>		D. STREET ADDRESS (If rural, give location) <u>700 W 40th St</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 10 1882</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	9. AGE (in years last birthday) <u>70</u>
13. FATHER'S NAME <u>Hiram Short</u>		14. MOTHER'S MAIDEN NAME <u>Sarah B. Sammons</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Stationsville -- Del.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
17. INFORMANT <u>Wm. E. Wharton - Home for Incurables</u>		ADDRESS	

18. <u>350X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <u>Paralysis agitans</u>	INTERVAL BETWEEN ONSET AND DEATH <u>13 years</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Atrophic Arthritis</u>	<u>11 years</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <u>Arteriosclerosis (Generalized)</u>	<u>8 years</u>

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1944, to December 7, 1952 that I last saw the deceased alive on December 6, 1952, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

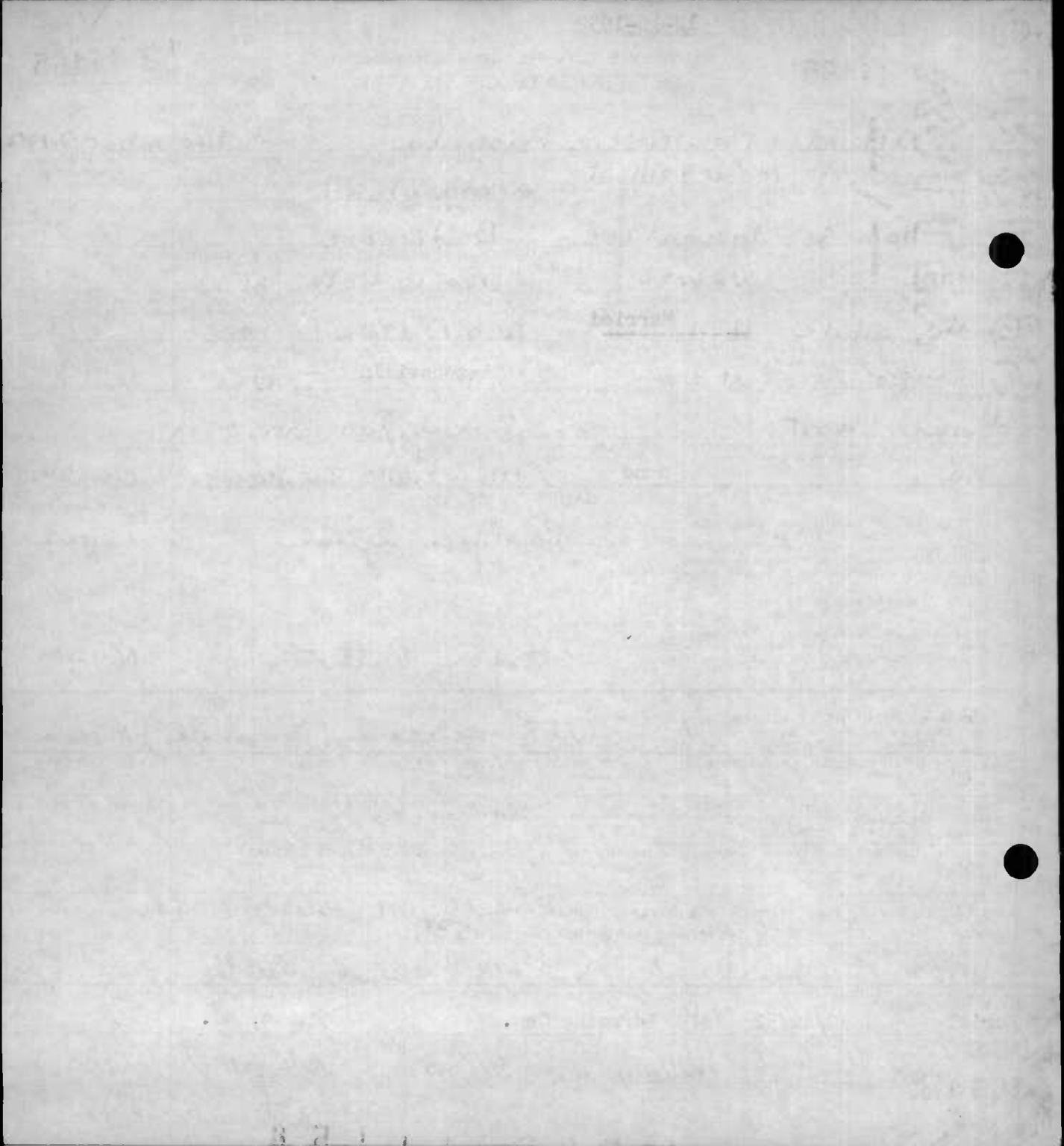
23A. SIGNATURE W. Grafton Hensperger M. D. 23B. ADDRESS 214 Medical Arts Bldg 23C. DATE SIGNED December 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 12/10/52 24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem. 24D. LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1952 REGISTRAR'S SIGNATURE Wm. J. Williams, M.D. 25. FUNERAL DIRECTOR Wm. J. Pickens & Sons ADDRESS Baeto 17, Md.

DEC 9 - 1952

MEDICAL CERTIFICATION



362

52 11166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11166

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE G. PATTERSON

2. DATE
OF
DEATH

Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Edgewood Nursing Home

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-11

D. STREET ADDRESS (If rural, give location)

419 Homeland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 13, 1887

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles E. Freburger

14. MOTHER'S MAIDEN NAME

Fannie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-05-5055

17. INFORMANT

ADDRESS

Mrs. Goldie F. Klages-724 W. North Ave.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary thrombosis

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOHypertension - Cardio renal hca
Diabetes mellitus

10 yrs.

20 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1947, to Dec 7, 1952, that I last saw the
deceased alive on Dec 6, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/10/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1952

Huntington Williams, M.D.

J. J. Pickner & Sons

VS 150

390500 1 1 1 5 Balto 17, Md.

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1115

THE HOUSE OF DEATH

1115

610
52 11167BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11167
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY S. EARP, SR.

2. DATE
OF
DEATH

Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3401 Fairview Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3401 Fairview Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 3, 1865

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Agent

10B. KIND OF BUSINESS OR
INDUSTRY

Life Insurance

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rd

Mr. H. Shelton Earp, Jr.-721 Wilford Mill

18. 585X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1952, to 12-7-52, 1952, that I last saw the
deceased alive on 12-7, 1952, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/10/52

Lorraine Park Cem.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9-1952

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and briefly.

52 11168

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11168

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROBERT G. HOPKINS

2. DATE
OF
DEATH

Dec. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

904 E. 41st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

904 E. 41st St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 15, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

builder (owner)

10B. KIND OF BUSINESS OR
INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry C. Hopkins

14. MOTHER'S MAIDEN NAME

Lurana E. Muse

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Paul J. Miles - 904 E. 41st St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary occlusion

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Dec 8, 1952, to Dec 8, 1952, that I last saw the
deceased alive on Dec 8, 1952, and that death occurred at 9:10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/10/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

Wm. J. Pickner & Sons

Bkto. 17, Md.

1111

1111

STATE OF TEXAS
DEPARTMENT OF HEALTH

REPORT OF

DEATH

IN

1911

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1111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11169

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES M. GORECKI

2. DATE
OF
DEATH

DEC 7 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland DOCTORS HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE MO

B. COUNTY before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

1-04

D. STREET ADDRESS (If rural, give location)

2719 FAIT AVE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

OCT 5 1901

9. AGE (In years

last birthday)

51

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Gaming

10B. KIND OF BUSINESS OR

INDUSTRY

Roberts

11. BIRTHPLACE (State or foreign country)

BALTO

MO

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

STANISLAUS KOWALEWSKI

CANAAN (S)

14. MOTHER'S MAIDEN NAME

APOKONIA STRZYMSKA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

R16-12-605

17. INFORMANT

ADDRESS

STELLA KOWALEWSKI 2719 FAIT AVE

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma Gall Bladder

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Sclerosis

(C)

Jaundice

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 1951, to Dec 7, 1952, that I last saw the deceased alive on 12/7, 1952, and that death occurred at 11:08 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

DEC 11/1952

ST. STANISLAUS CEM

DUNDALK AVE

COPIES RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 1952

Huntington Williams, MD

Stephen J. Fialkowski, Inc. 1000 S. KENWOOD AVE

VS 150

68042 Marvel E. Fialkowski, INC

R-326 and R-322

52 11170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11170

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Radziewicz (RODGERS)

2. DATE
OF
DEATH

12-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR

RETIRED
COAT-MAKER

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or unknown)

No

16. SOCIAL SECURITY NO.

212-16-6884

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 18-03

D. STREET ADDRESS (If rural, give location)

40 S. PARKIN ST.

8. DATE OF BIRTH

JULY 15, 1871

9. AGE (In years last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

CHARLES A. BRYAN 5208 ST. GEORGE

ADDRESS

18. E812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subdural Hemorrhage
(C) Contusion of Brain

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Scott St. & Wash. Blvd. 1/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Dec. 5, 1952, 1:30 p. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

pedestrian struck by auto.

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. W.

M.D.

23B. CHIEF MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

12-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12/10/52

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD

24D. LOCATION (City, town, or county)

TAYLOR AVE

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

DEC 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHARLES W. FACHNUSKAS

ADDRESS

703 McHENRY

V S 151

N 803.2

F 2000 11163

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

18-1-20

THE RATE OF DEATH

18-1-20

18-1-20

18-1-20

18-1-20

18-1-20

18-1-20

18-1-20

18-1-20

13-650
52 11171BRUNO
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11171
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lena Bruno

2. DATE
OF
DEATH

December 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

307 S. Central Ave.

c. Length of stay in Baltimore

45 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Michael Martucci

11. BIRTHPLACE (State or foreign country)

Elizabeth, New Jersey

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Philomena Kingony

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 581.0 and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gastrointestinal bronchopneumonia

DUE TO

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Ruptured esophageal varices

DUE TO

?

(C) Hepatic cirrhosis of the liver

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1952, to 12-6, 1952, that I last saw the deceased alive on 12-6, 1952, and that death occurred at 7:03 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Hildman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

West Hill Cemetery

24D. LOCATION (City, town, or county)

Belair Road

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Murdell J. Duppel 312 S Highland Ave

1900

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1900

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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

52 11173

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11173

1. NAME OF DECEASED
(Type or Print)

Arthur B. BEADENKOFF

2. DATE
OF
DEATH

12. 8. 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

traffic manager.

10B. KIND OF BUSINESS OR INDUSTRY

steel

13. FATHER'S NAME

Wm. Beadenkoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

8/30/1911

9. AGE (In years last birthday)

41

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Finnie Morgan

17. INFORMANT

ADDRESS

Mrs. Frances Beadenkoff 2516 Arbuton Ave.

18. E923.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Perforation of aorta

DUE TO possibly swallowed

(B) Metallic wire,

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

R. Fisher M.D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

about Oct. 8, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Swallowed wire from tin can

22. I hereby certify that I attended the deceased from 12. 5, 1952, to 12. 8, 1952, that I last saw the deceased alive on 12. 8, 1952, and that death occurred at 12 P.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Chelminsky

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

12. 8. 52.

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

Dec. 11/52

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. Smith, 4101 Edmondson Ave.

ADDRESS

VS 150

N868.0

3302 BA 11166

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

Louis
Bishop Francis Hands
West.
St 2

Gr 2160 m

412
52 11174BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11174

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNEST PHILLIPS

2. DATE

OF DEATH Dec. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.

Mos.

C. Length of stay in Baltimore

8 yrs 8 days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

738 Greenmount Avenue - 2

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 13, 1914

9. AGE (in years last birthday)

38

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Moulder

10B. KIND OF BUSINESS OR INDUSTRY

H.C. Weiskettle

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ernest Phillips Sr.

14. MOTHER'S MAIDEN NAME

Ada Stapel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Vernon Phillips 738 Greenmount Ave

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic glomerula nephritis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Poss. Peptic ulcer

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8th, 1952 to Dec. 8th, 1952, that I last saw the deceased alive on Dec. 8th, 1952, and that death occurred at 9:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Carl J. Smith

23B. ADDRESS

M. D.

1400 N. Caroline Street - 13

23C. DATE SIGNED

Dec. 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 12/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert G. Ellis & Daughters

1129 N. Caroline St.

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and fully.

18-111A

18-111A

EXHIBIT OF 18-111A

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side. The text is too light to transcribe accurately.]

52 11175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11175

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Roy W. Moore

2. DATE
OF
DEATH

12-8-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6-01

D. STREET ADDRESS (If rural, give location)

150 N. Curley St.

c. Length of stay in Baltimore

65

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-31-'86

9. AGE (in years

last birthday)

65

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

R. R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Moore

14. MOTHER'S MAIDEN NAME

Caroline ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

?

16. SOCIAL SECURITY NO.

905-12-1268

17. INFORMANT

ADDRESS

Daughter. 157 N. Strayer.

18. 148X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Lymphoepithelioma of Pharynx

DUE TO

7 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

Trismus

1 Month

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1952, to 12-8, 1952, that I last saw the deceased alive on 12-8, 1952, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John E. Greenis

M. O.

23B. ADDRESS

Church Home + Hosp.

23C. DATE SIGNED

12-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 9-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Baltimore St

VS 150

15203905016A

correct age is especially important. Physicians, please write the cause of death in full.

MEDICAL CERTIFICATION

UNIT 30

UNIT 30

UNIT 30



363
52 11176BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11176
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR WILLIAM G. EDWARDS

2. DATE
OF
DEATH

12/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

104 ROCHESTER PLACE

c. Length of stay in Baltimore

44

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

1-02

D. STREET ADDRESS (If rural, give location)

104 ROCHESTER PLACE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

8/12/1908

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PURCHASING AGENT

10B. KIND OF BUSINESS OR
INDUSTRY

ELECTRICAL

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN C. EDWARDS

APPROX.

14. MOTHER'S MAIDEN NAME

MR FLORENCE EBERLIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

215-09-8731

17. INFORMANT

WIFE

ADDRESS

MRS. MARY E. EDWARDS-

SAME

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ACUTE CORONARY OCCLUSION

MINUTES

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CORONARY ARTERIOSCLEROSIS

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NONE

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

NONE

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

NONE

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

NONE

22. I hereby certify that I attended the deceased from MAY, 1947, to DEC 8, 1952, that I last saw the
deceased alive on 5 Dec, 1952, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles P. Drury

M. D.

23B. ADDRESS

2722 E. Monument St.

23C. DATE SIGNED

12/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 12, 52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel Cem

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto St.

VS 150

1952 28064169

<p>1. Name of deceased: <i>John William Smith</i></p>		<p>2. Date of death: <i>Dec 1 1918</i></p>	
<p>3. Place of death: <i>Home</i></p>		<p>4. Cause of death: <i>Heart failure</i></p>	
<p>5. Age: <i>65</i></p>		<p>6. Sex: <i>Male</i></p>	
<p>7. Occupation: <i>Farmer</i></p>		<p>8. Marital status: <i>Married</i></p>	
<p>9. Name of informant: <i>John Smith</i></p>		<p>10. Signature of informant: <i>[Signature]</i></p>	
<p>11. Name of physician: <i>Dr. J. H. Jones</i></p>		<p>12. Signature of physician: <i>[Signature]</i></p>	
<p>13. Name of registrar: <i>John Smith</i></p>		<p>14. Signature of registrar: <i>[Signature]</i></p>	

150

52 11177

BIRTH NO.

ABNEY BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11177

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Estelle Abney</i>			2. DATE OF DEATH <i>Dec. 5, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Cpl 4</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>8-07</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2006 E. Chase St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Sp.</i>	8. DATE OF BIRTH <i>2-3-26</i>		9. AGE (In years last birthday) <i>26</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Discharge</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hospital</i>	11. BIRTHPLACE (State or foreign country) <i>S. C.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Jesse Williams</i>			14. MOTHER'S MAIDEN NAME <i>Lillie Fisher</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS		

18. *432X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pericarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Septicemia + Collapsus

DUE TO

(C)

Vascular Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *12-4-1952* to *12-5-1952* that I last saw the deceased alive on *12-5-1952* and that death occurred at *2:30 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Lawrence E. Paulsen**JOHNS HOPKINS HOSPITAL**12-6-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Shipped**12/10/52**W. H. Morick Ave.**Greenwood S. C.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*DEC 9-1952**Huntington Williams, M.D.**Mrs. Katie R. Williams**Schroeder St. 3224*

VS 150

034 8T

1952 11 17 0

MEDICAL CERTIFICATION

correct age is especially important

52 11178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11178
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mabel Elizabeth Thomas

2. DATE
OF
DEATH

December 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1706 W. FRANKLIN Street

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1706 W. FRANKLIN Street

c. Length of stay in Baltimore

Life

5. SEX

FEMALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

MARCH 26, 1893

9. AGE (In years last birthday)

59 yrs.

If Under 1 Year

Months: Days

8 11

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

LARKINS THOMAS

14. MOTHER'S MAIDEN NAME

SUSIE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HILDA BRAUNER 1706 Franklin St.

18. 175x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

Several Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Adenocarcinoma Left Ovary with Metastasis
(C) To Tube, Rt. Ovary, Rt. Inguinal Lymph Nodes.

Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Vagina, Urinary Bladder and Rectum

19A. DATE OF OPERATION

June 1951

19B. MAJOR FINDINGS OF OPERATION

As stated above (Johns Hopkins Hospital)

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 4, 1952, to December 6, 1952 that I last saw the deceased alive on Dec. 4, 1952, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Hunt

M. D.

23B. ADDRESS

1631 W. Franklin St.

23C. DATE SIGNED

12-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

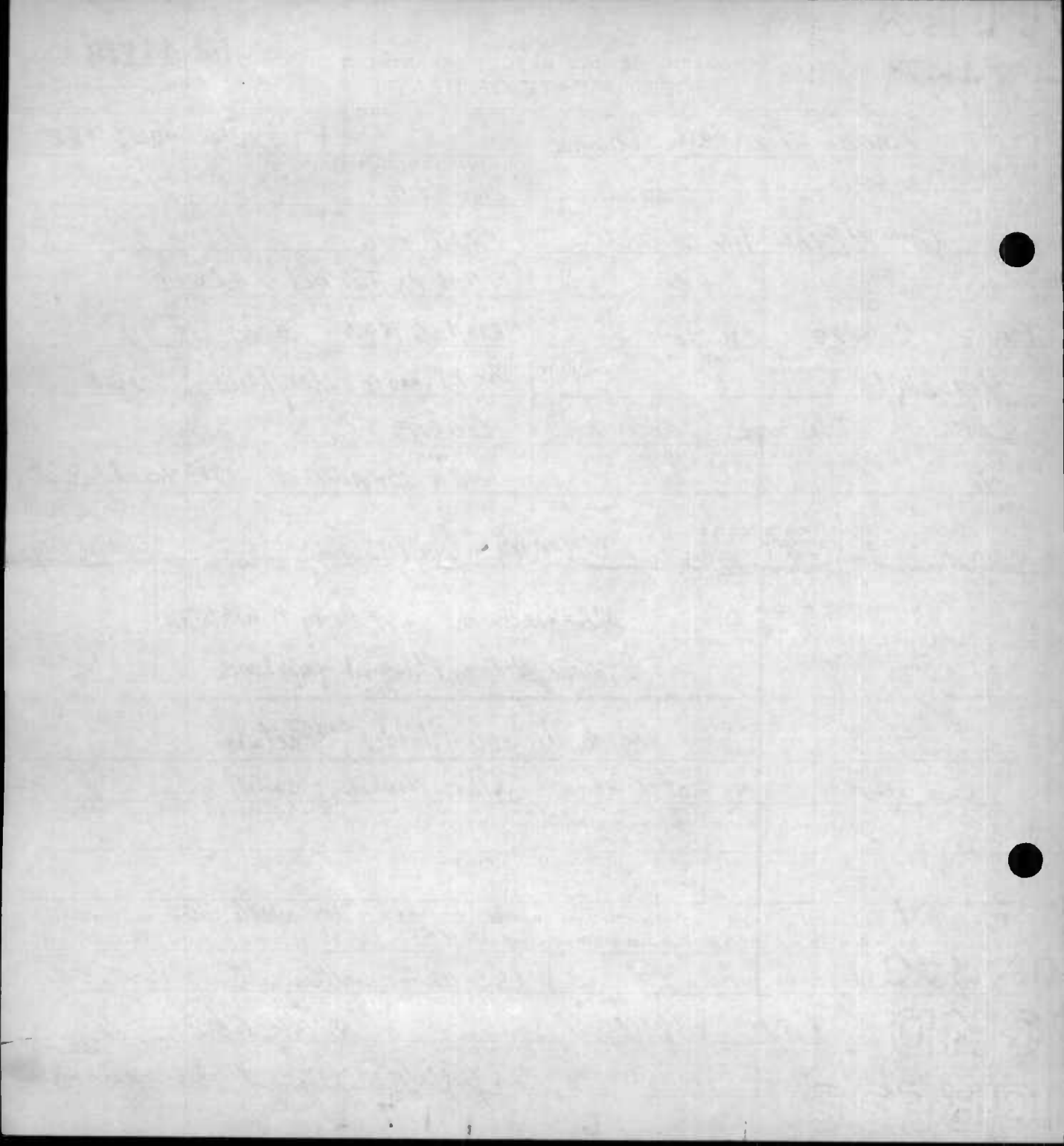
ADDRESS

DEC 9 - 1952

Huntington Williams, M.D.

Mrs. Kate R. Williams

Schweden St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11179

BIRTH NO.

52 11179

1. NAME OF DECEASED
(Type or Print)Lytie
ELIZABETH / BEALL2. DATE
OF
DEATH Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE New Jersey

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Beach Haven

D. STREET ADDRESS (If rural, give location)

Ocean Side Village - Apt. 11

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 7, 1914

9. AGE (In years
last birthday)

38

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roy Martin

14. MOTHER'S MAIDEN NAME

Maude Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

World War II

16. SOCIAL
SECURITY NO.

17. INFORMANT

Beach Haven, N. J.

Mr. John M. Beall - Ocean Side Village

18. E 998X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of head and chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDIT ON CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

hotel

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Lord Baltimore Hotel-Balto. & Hanover

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 7, 1952 5:00 P. m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Jumped from 16th

floor window to 4th floor court

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Dec. 8, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

12/10/52

24C. NAME OF CEMETERY OR CREMATORY

Arlington National Cem.

24D. LOCATION (City, town, or county)

Arlington, Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1952

N 804.2

26. M. J. Tucker & Sons

Balto 17, Md.

1002 V. ...
1001, 1002, 1003

330	AJH 165308	BALTIMORE CITY HEALTH DEPARTMENT	52 11180
24	52 11180	CERTIFICATE OF DEATH	Registered No.
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) Mary Pettit (also Mary Pettit Marshall)		2. DATE OF DEATH 12.8.52.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospital 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05	
c. Length of stay in Baltimore 13yrs.		D. STREET ADDRESS (If rural, give location) 226 E. Lafayette St	
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Div.	8. DATE OF BIRTH June 21 1920
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10B. KIND OF BUSINESS OR INDUSTRY U. S. Gov't.	9. AGE (in years last birthday) 32 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ernest Pettit		14. MOTHER'S MAIDEN NAME Margaret Farrington	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Records B.C.H. 4940 Eastern Ave		ADDRESS	
18. 170X CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Of Left Breast With Metastasis DUE TO To Liver Years?			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11.25 1952, to 12.8.52, 1952, that I last saw the deceased alive on 12.8.52, and that death occurred at 6.50 p.m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 12.9.52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 9/10/52	
24C. NAME OF CEMETERY OR CREMATORY North Milton Cem.		24D. LOCATION (City, town, or county) (State) Saratoga Springs, N. Y.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	
REGISTRAR'S SIGNATURE Wm. J. Pickner & Sons		ADDRESS	
DEC 9 1952			
39091			
Bacto 17, Md.			



52 11181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11181
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NELLE K. BASKETTE

2. DATE
OF
DEATH

12-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE. 27-48

D. STREET ADDRESS (If rural, give location)

727 Northern Parkway

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 24 1878

9. AGE (in years
last birthday)

74

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James E. Wilders

14. MOTHER'S MAIDEN NAME

Katherine -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Alvin K. Baskette - 727 Northern Pkwy.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

HYPERTENSIVE CARDIOVASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

PROBABLE CORONARY INFARCTION

10 da?

(C)

CONGESTIVE HEART FAILURE

10 da?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1 1952 to 12-8 1952, that I last saw the
deceased alive on 12-8 1952, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

12/12/52

Arlington National Cem.

Arlington, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9-1952

Huntington Williams, M.D.

Thos. J. Sickener & Sons

100

100

100

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11182

BIRTH NO. 52 11182

1. NAME OF DECEASED (Type or Print) Nichols, ANN Garey			2. DATE OF DEATH 12-8-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Caroline		
B. FULL NAME OF HOSPITAL OR INSTITUTION Y. H.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Denton		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5500		
5. SEX F	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH Jan. 8, 1885		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Garey			14. MOTHER'S MAIDEN NAME Randa Saulsberry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Md. Mr. Ellis Clark, Funeral Director-Easton/		

18. 433.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Myocardial infarct		
DUE TO		(B) Ventricular fibrillation		
DUE TO		(C)		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **11-23**, 19**52**, to **12-8**, 19**52**, that I last saw the deceased alive on **12-8**, 19**52**, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE B. Felix Gonzales M. D.	23B. ADDRESS U. H.	23C. DATE SIGNED 12-8-52
---	---------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/11/52	24C. NAME OF CEMETERY OR CREMATORY Denton Cem.	24D. LOCATION (City, town, or county) (State) Denton, Md.
---	---------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE H. J. Williams	25. FUNERAL DIRECTOR E. Ellis Clark	ADDRESS Easton, Md.
----------------------------------	---	--	----------------------------

52 11183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11183

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARCHER GREEN BUNTIN

2. DATE
OF
DEATH

Dec. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Virginia

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U.S. Public Health Service Hospital location)
INSTITUTION

Nyman Pk. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
South Boston

D. STREET ADDRESS (If rural, give location)

Rt. 1 Box 121

c. Length of stay in Baltimore

62 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

12/17/91

9. AGE (In years

last birthday) 60

If Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Robert L. Buntin

14. MOTHER'S MAIDEN NAME

Fannie Robertson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Prostatic carcinoma with
generalized metastasis.

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CAUTION LAST.(B) Bowel and urinary obstruction
with hydronephrosis.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1952 to Dec. 9, 1952 that I last saw the
deceased alive on Dec. 9, 1952 and that death occurred at 12:25 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

23B. ADDRESS

M. D.

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

12/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/12/52

24C. NAME OF CEMETERY OR CREMATORY

OAKRIDGE CEM.

24D. LOCATION (City, town, or county)

SOUTH BOSTON VA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952

Huntington Williams, M.D. Wm J. Ticken & Sons North Penn.

VS 150

4723

MEDICAL CERTIFICATION

<p>1. NAME OF DECEASED</p>		<p>2. DATE OF DEATH</p>	
<p>3. PLACE OF DEATH</p>		<p>4. CAUSE OF DEATH</p>	
<p>5. MANNER OF DEATH</p>		<p>6. MEDICAL HISTORY</p>	
<p>7. SOCIAL HISTORY</p>		<p>8. FAMILY HISTORY</p>	
<p>9. OCCUPATIONAL HISTORY</p>		<p>10. TRAVEL HISTORY</p>	
<p>11. EDUCATIONAL HISTORY</p>		<p>12. PSYCHOLOGICAL HISTORY</p>	
<p>13. PHYSICAL EXAMINATION</p>		<p>14. LABORATORY TESTS</p>	
<p>15. TOXICOLOGY</p>		<p>16. PATHOLOGY</p>	
<p>17. FORENSIC MEDICINE</p>		<p>18. CRIMINOLOGY</p>	
<p>19. LEGAL MEDICINE</p>		<p>20. CONCLUSION</p>	

52 11184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11184

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNE

MANN

2. DATE
OF
DEATH

December 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1816 E. Baltimore Street

E. Length of stay in Baltimore

6 MONTHS

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

August 12, 1931

9. AGE (In years
last birthday)

21

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WAITRESS

10B. KIND OF BUSINESS OR INDUSTRY

CAPE CHARLES REST.

11. BIRTHPLACE (State or foreign country)

HURRICANE W. VA.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JOHN TINCHER

14. MOTHER'S MAIDEN NAME

HAZEL CHASE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HAZEL TINCHER HURRICANE W. VA.

18. E816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Route 1 at Guilford, Maryland 6300

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 9, 1952 4:00 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Passenger in auto and auto collision

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒

23C. DATE SIGNED

Dec. 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC 12 1952

24C. NAME OF CEMETERY OR CREMATORY

MOUNT MORRIS CEM.

24D. LOCATION (City, town, or county)

HURRICANE W. VA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

DIPPEL BROS. 1800 E. LOMBARD ST.

VS 151

N803.2

784 6 M

1177

✓

PLEASE WRITE PLAINLY, WITH CHANGING INK. Every item of information should be legible. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1011 92

1011 92

1011 92

155
52 11185BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11185
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ida Kaufman</i>		2. DATE OF DEATH <i>Dec 9, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>3454 Park Heights Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>15-12</i>	
c. Length of stay in Baltimore <i>13</i> Yrs. <i>Mon</i> Days		D. STREET ADDRESS (If rural, give location) <i>3454 Park Heights Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>67</i>
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Nathali</i>		14. MOTHER'S MAIDEN NAME <i>Gertha</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Sigmund Kaufman - Son</i>		ADDRESS	
18. <i>420.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Heart Disease</i> DUE TO OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>30 min</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec 1, 1951</i> , to <i>Dec 9, 1952</i> , that I last saw the deceased alive on <i>Dec 9, 1952</i> , and that death occurred at <i>2:45 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Samuel R. Tompkins</i>		23B. ADDRESS <i>3608 Park Hts Ave</i>	
M. D.		23C. DATE SIGNED <i>Dec 9 1952</i>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-11-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Cheverra Ahavas</i>		24D. LOCATION (City, town, or county) (State) <i>Randallstown Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Jack Lewis Inc</i>		ADDRESS <i>2100 Eutan Pl</i>	

1940 80

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1940 80

1940 80



52 11186

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11186

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James R. George

2. DATE
OF
DEATH

Dec-8-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 925 S. Fremont Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Salvation Army

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

925 S. Fremont Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

May-19-1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Salvation Army Store

11. BIRTHPLACE (State or foreign country)

Blackhook, New York

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Oscar George

14. MOTHER'S MAIDEN NAME

? ? Ritter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
328-07-5611

17. INFORMANT

ADDRESS

Salvation Army Records, 925 S. Fremont Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pulmonary Edema

3-4 days ±

Asteroides Cardiovascular
Renal Disease

10 yrs ±

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to Dec. 8, 1952, that I last saw the
deceased alive on Dec. 8, 1952, and that death occurred at 7: m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec-10-1952

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county)

Glen Burnie, Maryland.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952

Huntington Williams, M.D.

Stewart & Mowen Co., 108 W. North Ave.,

52 11187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11187

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) MARY V. HANCOCK

2. DATE
OF
DEATH

12-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. AGNES HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-10-1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

HOUSEWIFE

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM CUMBERLAND

14. MOTHER'S MAIDEN NAME

LAVINIA WHEELER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

17-3 Ann H. Hancock

Pasadena (PFD).

18. 443X and 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Rectum

2 months

19A. DATE OF OPERATION

12-4-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Rectum & Hepatic Metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1952, to 12-8, 1952, that I last saw the
deceased alive on 12-8, 1952, and that death occurred at 3:42 m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen H. Padonis

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

12-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/11/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

P.V.S.ingleton - Glen Burnie, Md.

VS 150

MEDICAL CERTIFICATION
correct age is especially important. Physicians: please write the causes of death clearly.

52 000

1915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1915

1. Name of Deceased: _____
2. Sex: _____
3. Age: _____
4. Date of Birth: _____
5. Place of Birth: _____
6. Usual Residence: _____
7. Cause of Death: _____
8. Date of Death: _____
9. Time of Death: _____
10. Signature of Physician: _____
11. Signature of Registrar: _____

12. Signature of Coroner: _____
13. Signature of Medical Examiner: _____
14. Signature of Burial Officer: _____
15. Signature of Undertaker: _____
16. Signature of Minister: _____
17. Signature of Priest: _____
18. Signature of Rabbi: _____
19. Signature of Imam: _____
20. Signature of Other: _____
21. Signature of Other: _____
22. Signature of Other: _____
23. Signature of Other: _____
24. Signature of Other: _____
25. Signature of Other: _____
26. Signature of Other: _____
27. Signature of Other: _____
28. Signature of Other: _____
29. Signature of Other: _____
30. Signature of Other: _____

23
52 11188BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11188

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Pabst

2. DATE
OF
DEATH

12-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square

C. Length of stay in Baltimore

Life

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt - Md. 3-02

D. STREET ADDRESS (If rural, give location)

836 S. Bond Street

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-24-90

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Rigger

10B. KIND OF BUSINESS OR
INDUSTRY

Balt Rigger Co

13. FATHER'S NAME

Louis Pabst

11. BIRTHPLACE (State or foreign country)

Balt - Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Barbara Repp

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Laura Pabst - same

18. 463 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Embolus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Thrombophlebitis Rt

(C)

Femoral vein

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Gangrene Rt. Great Toe
Generalized Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNOERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in, or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William H. [Signature]

M.O.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

1180

STATE OF TEXAS
COUNTY OF DALLAS

1180

11-2-22

My dear Mr. [illegible]

[Faint, mostly illegible handwritten text, possibly a letter or report.]

[Faint, mostly illegible handwritten text, possibly a letter or report.]

[Faint handwritten text, possibly a signature or date.]

11

1180

326
52 11189BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11189

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Marcus Ritger</i>			2. DATE OF DEATH <i>12-9-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>8-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2133 Sinclair Lane</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto - Ind</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2133 Sinclair Lane</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-12-1900</i>	9. AGE (In years last birthday) <i>52</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>American Brewery</i>		11. BIRTHPLACE (State or foreign country) <i>Balto</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Edna B. Ritger</i>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.		ADDRESS <i>same</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Corary Occlusion</i>	CAUSE OF DEATH (A) <i>Acute Corary Occlusion</i> DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>5 hr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6 AM*, 1950, to *9 Dec*, 1952, that I last saw the deceased alive on *9 Dec*, 1952, and that death occurred at *3:00 AM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Edward G. Gorman</i>	23B. ADDRESS <i>1513 N. Milken Ave</i>	23C. DATE SIGNED <i>9 Dec. 52</i>
---	---	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-12-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Grand View</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Ind</i>
--	------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Sally & Zeiler</i>	ADDRESS <i>403 S. Wolfe Street</i>
--	---	---	---------------------------------------

1. The first of the three
 2. The second of the three
 3. The third of the three

4. The fourth of the three
 5. The fifth of the three

6. The sixth of the three

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10. The tenth of the three

11. The eleventh of the three
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 13. The thirteenth of the three
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 15. The fifteenth of the three
 16. The sixteenth of the three
 17. The seventeenth of the three
 18. The eighteenth of the three
 19. The nineteenth of the three
 20. The twentieth of the three

21. The twenty-first of the three

22. The twenty-second of the three

23. The twenty-third of the three

24. The twenty-fourth of the three

25. The twenty-fifth of the three

26. The twenty-sixth of the three

27. The twenty-seventh of the three

52 11190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11190

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN ERNEST MYERS

2. DATE
OF
DEATH

December 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

817 S. Broadway

E. Length of stay in Baltimore

38 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/13/1905

9. AGE (In years last birthday)

47

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR INDUSTRY

Fleet-McGinley, Inc.

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Myers

14. MOTHER'S MAIDEN NAME

Frances Page

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
223-05-8787

17. INFORMANT

ADDRESS

Mrs. Frances V. Swain, 817 S. Broadway

18. 322.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☒

Dec. 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC. 12-1952

24C. NAME OF CEMETERY OR CREMATORY

ST. STANISLAUS

24D. LOCATION (City, town, or county)

1300 Dundalk Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952

Huntington Williams, M.D.

George A. Weber 705 S. Ann St

VS 151

F 2 5/344 1 1 8 3

PLEASE WRITE PLAINLY, WITH EXPLAINING FACTS, FROM OF DEATH CLEARLY AND LEGIBLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPT. OF AGRICULTURE

DEPT. OF AGRICULTURE



52 11191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11191

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Harry Holler or Harry John Holler

2. DATE

OF DEATH Dec. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2806 Pelham Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2806 Pelham Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 24, 1890

9. AGE (In years
last birthday)

62

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Police

10B. KIND OF BUSINESS OR
INDUSTRY

Balto., City

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Holler

14. MOTHER'S MAIDEN NAME

Amelia Silber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-28-1792

17. INFORMANT ADDRESS

Mrs. Ida Marie Holler

2806 Pelham Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease.

12 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20 1952, 19, to Dec. 8, 1952, that I last saw the
deceased alive on Dec. 7, 1952, and that death occurred at 7 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. D. Schmit

M. D.

23B. ADDRESS

701 N. Kenwood Ave.

23C. DATE SIGNED

Dec. 8, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. Sander & Sons, Inc.
North Ave. & Broadway

VS 150

328 93

Sey. F. Sander

10-11-52

CERTIFICATE OF DEATH

10-11-52

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52 11192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11192

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lee Holley

2. DATE
OF
DEATH

12-7-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2332 Penna. Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

15-01

D. STREET ADDRESS (If rural, give location)

2332 Penna. Ave.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 6, 1889

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoreline

10B. KIND OF BUSINESS OR INDUSTRY

Water Front

11. BIRTHPLACE (State or foreign country)

Edenton N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wiley Holley

14. MOTHER'S MAIDEN NAME

Annie P.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Rose Holley

ADDRESS 2332 Penna. Ave.

18. I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA of NOSE

DUE TO

3 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) METASTASES

DUE TO

(C) CARCINOMA of RIGHT LUNG

6 mo's

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 15, 1949 to DEC 7, 1952 that I last saw the deceased alive on DEC 3, 1952, and that death occurred at 9 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William Frey

M. D.

23B. ADDRESS

1958 Penna Ave

23C. DATE SIGNED

12/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/11/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Anteburn Cem Balto.

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Mrs. Kate R. Williams Schroeder St.

25. FUNERAL DIRECTOR

ADDRESS 322 N

VS 150

94055

1185

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

614
52 11193BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11193
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Celeste Triplett

2. DATE
OF
DEATH

December 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 E. 33rd St.

c. Length of stay in Baltimore

1 week

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

10-14-01

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaiah Spalden

14. MOTHER'S MAIDEN NAME

Julia M. Spalden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 223X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

meningioneural portal
lobe

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-2-52

19B. MAJOR FINDINGS OF OPERATION

meningioneural portal lobe.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2, 1952, to 12-8, 1952, that I last saw the
deceased alive on 12-8, 1952, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Williams

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-12-52

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town, or county)

Baltimore City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2513 E. 33rd St.

VS 150

1911

RECEIVED

1911

100
100

625
52 11194BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11194

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harrison Earle F

2. DATE
OF
DEATH

12-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

U. H

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

Tallbot

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

608 South Street, Easton

D. STREET ADDRESS (If rural, give location)

7033

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Levi Harrison

14. MOTHER'S MAIDEN NAME

Mary E. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harrison Harrison S. Surface, Md

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Reticular peritoneal lymphosarcoma

DUE TO

E generalized metastasis
of ascites

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Terminal Pneumonia

DUE TO

Generalized arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1952, to 12-9, 1952, that I last saw the
deceased alive on 12-9, 1952, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

P. Kline Gonzales

23B. ADDRESS

U. H

23C. DATE SIGNED

12-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-12-52

24C. NAME OF CEMETERY OR CREMATORY

Shirwood

24D. LOCATION (City, town, or county)

Shirwood Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard S. Wallace 2503 Edmondway

AB-165552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11195

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Johnson

2. DATE
OF
DEATH

12-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1642 Abbott St. zone 5

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

10-24-1895

9. AGE (In years
last birthday)

57

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Johnson

14. MOTHER'S MAIDEN NAME

Charlotte Dickerson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Ave.

13. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12-4-52, to 12-5-52, that I last saw the
deceased alive on 12-5-52, and that death occurred at 4:40Pm., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

M. D. 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

12-6-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952
VS 150

Huntington Williams, M.D.

Choy & Wilson 1000
400

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1911

RECEIVED

OFFICE OF THE

SECRETARY

1911

616
52 11196BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11196
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilson

2. DATE
OF
DEATH

DEC 7 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 3-01

D. STREET ADDRESS (If rural, give location)

120 S. CAROLINE ST.

c. Length of stay in Baltimore

3 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

9-15-86

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

on Rmnd

11. BIRTHPLACE (State or foreign country)

Endfield N.C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Dutrie Harper

14. MOTHER'S MAIDEN NAME

Lucy P

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOSPITAL

ADDRESS

18. 163X and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) squamous cell carcinoma
of the lung

4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

carcinoma pulmonary tuberculosis

4 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-30-1952 to 12-7-1952 that I last saw the
deceased alive on 12-7-1952, and that death occurred at 4 AM on, from the causes and on the date stated above.

23A. SIGNATURE

Richard Holmes

M. D.

23B. ADDRESS

JOHNS HOSPITAL

23C. DATE SIGNED

7 Dec 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/11/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Olego. Wilson 1100 Beatty rd

DEC 10 1952

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

5 37039 1 1 1 0 0

2011

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

2011

FILE NO.

FILE NO.

DATE

DATE

Age

Sex

CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH

underlying cause of death

2011

2011

3111

52 11197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11197
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Etta Carter

2. DATE
OF
DEATH

Dec. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1626 Madison Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. 14-02D. STREET ADDRESS (If rural, give location)
1626 Madison Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1/19/34

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

James C. Carter

ADDRESS

1626 Madison Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951 to Dec 8, 1952 that I last saw the
deceased alive on Dec 1, 1952 and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/11/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

9520

Geo. G. Kelson

For the year ending December 31, 1901

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

By the Board of Health, at a meeting held on January 1, 1902

In testimony whereof, the Board of Health has caused this report to be signed by its members, and its seal to be hereunto affixed, at the City of Boston, this 1st day of January, 1902.

Attest: _____

City Clerk

460
52 11198BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11198

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		HOWARD HILLERY		2. DATE OF DEATH Dec. 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-32	
Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2723 Fisk Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1922 30		9. AGE (In years last birthday) 30
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Scrap Iron Co		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Howard Hillery			12. CITIZEN OF WHAT COUNTRY? W		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Alverta Hillery-2723 Fisk RD			ADDRESS		

18. E802X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injury of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
industrial-yard21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
25/33
Klauff Co.-2120 Annapolis Rd.-Balto., Md.21D. TIME (Month) (Day) (Year) (Hour)
Dec. 8, 1952 8:00 A. m.21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Crushed between train and gate

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Dec. 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N862.2

97063

40824 by Montgomery

2011 12

2011 12

52 11199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11199

Registered No.

BIRTH NO. **MLB. 165639**

1. NAME OF DECEASED (Type or Print) Mary Williams Cruse			2. DATE OF DEATH 12-8-52		
3. PLACE OF DEATH A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 22-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 802 Leadenhall St		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 4, 1905		9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HLN		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Isreal Williams			14. MOTHER'S MAIDEN NAME Martha Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave		

18. 490X and 260X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Lobar Pneumonia		
DUE TO				
ANTECEDENT CAUSES		(B) Diabetes Mellitus		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 12-7- , 19 52 to 12-8- , 19 52 , that I last saw the deceased alive on 12-8- , 19 52 , and that death occurred at 4:10 A.M. from the causes and on the date stated above.				

23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave. Balto. Md.		23C. DATE SIGNED 12-8-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/13/52	24C. NAME OF CEMETERY OR CREMATORY Int. Calvary	24D. LOCATION (City, town, or county) (State) A. A. Co. Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Isaiah L. Brown & Son 108 W. Montgomery St		

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1110

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

52 11200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11200
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDRICK M. BRUDER

2. DATE
OF
DEATH

12-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 7-03

D. STREET ADDRESS (If rural, give location)

2304 ASHLAND AVE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 11 1911

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, also if retired)

FILING STATION OWNER

10B. KIND OF BUSINESS OR
INDUSTRY

GASOLINE

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MICHAEL BRUDER.

14. MOTHER'S MAIDEN NAME

BERTHA GOSSMAN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CONSTANCE BRUDER 2304 ASHLAND AVE

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ACUTE CORONARY INFARCTION
(anterior lateral)

58 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute heart failure

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 12-6 1952, to 12-8 1952, that I last saw the
deceased alive on 12-8 1952 and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

DEC 12 1952

HOLY REDEEMER CEM

4430 BELAIR ROAD MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952

Huntington Williams, M.D.

Koppel Bros. 1800 ELOMBARD ST

VS 150

2906K

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11201

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)(Michael Fahr)
Brother Oliver, C. F. X.2. DATE
OF
DEATH

Dec 9 - 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1730 Bank St.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 2-02

D. STREET ADDRESS (If rural, give location)

1730 Bank St

E. Length of stay in Baltimore

10 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 12 1886

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

St. Patrick's School

11. BIRTHPLACE (State or foreign country)

Galway Ireland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Michael Fahr

14. MOTHER'S MAIDEN NAME

Ellen Dolan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Brother Ferdinand

ADDRESS

1730 Bank St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

rln.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atrial hypertension

2 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov. 1951 to Dec. 9, 1952, that I last saw the
deceased alive on Dec 9, 1952 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

Dec 12-52

Cathedral Cem.

Frederick Rd. Balto. Md.

DEC 10 1952

Huntington Williams, M.D.

Rippel Bros.

1800 E. Lombard St.

VS 150

50938V1119A

100M 57

CERTIFICATE OF DEATH

100M 57

100M 57
H 26
S 100M 57
100M 57

100M 57

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11202
Registered No.

52 11202

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		MARY LANGER		2. DATE OF DEATH Dec. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-01	
5. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 410 Sanders Street	
6. SEX Female	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		9. DATE OF BIRTH Not Known	10. AGE (In years last birthday) Months: Days: Hours: Min. alt 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore -	
13. FATHER'S NAME Henry L. Starr		12. CITIZEN OF WHAT COUNTRY? USA		14. MOTHER'S MAIDEN NAME Mary E. Morgan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Mary Bura, 1016 Patterson St. Port	

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Craniocerebral injury

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Riverside Ave. & West Street 24/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
11/22/5221E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Dec. 8, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

12/11/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Old Federal Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Zaher, 1218 Light

VS 151

N803.2

50611 50

50611 50

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100
52 11203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11203

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATE JUBB

2. DATE
OF
DEATH

December 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3200 Dudley Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3200 Dudley Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 12, 1868

9. AGE (In years last birthday)

84

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adam Byer

14. MOTHER'S MAIDEN NAME

Katherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Emma Whitney, 3200 Dudley Avenue

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Coronary occlusion
DUE TO coronary sclerosis
(B) Coronary insufficiency
DUE TO Arterio sclerosis/generalized
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Anemia - Arterio - Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1952, to Dec. 9, 1952, that I last saw the deceased alive on Dec. 8, 1952, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Walter A. Anderson

23B. ADDRESS

300 Shannon Drive

23C. DATE SIGNED

12-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

12/11/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

14-00000

CERTIFICATE OF DEATH

29111

correct age is especially important. Physicians write the causes of death clearly and legibly.

520
52 11204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11204
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hattie M. Linck</i>		2. DATE OF DEATH <i>Dec. 9th 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore, Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2314 N. Charles St.</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Dec. 21, 1876</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (In years, last birthday) <i>75</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Thomas N. Green</i>		14. MOTHER'S MAIDEN NAME <i>Mary A. Rollins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Barton M. Linck, 1092 Cameron Road</i>		ADDRESS	

18. <i>443X</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>			<i>Nov. 28.</i>
DUE TO			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive arteriosclerotic cardio-vascular disease</i>			<i>Dec. 9th 1952</i>
DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>primarily edema</i> <i>Congestive heart failure</i>			

19A. DATE OF OPERATION <i>- 0</i>	19B. MAJOR FINDINGS OF OPERATION <i>-</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 28*, 1952 to *Dec. 9*, 1952, that I last saw the deceased alive on *Dec. 9th*, 1952, and that death occurred at *4:25 am.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Ray J. Beardsley Jr.</i>	23B. ADDRESS <i>Union Memorial Hospital</i>	23C. DATE SIGNED <i>Dec. 9th</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>12/12/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill Cemetery</i>
24D. LOCATION (City, town, or county) <i>Anne Arundel Co. Md.</i>	25. FUNERAL DIRECTOR <i>Wm. Cook, Inc., 1215 St. Paul St.</i>	ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	

520011197

100111

STATE OF TEXAS

100111

Blank lined area for text entry.

610
52 11205BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11205

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE A. HARVEY

2. DATE
OF
DEATH

12/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONLutheran Hospital of
MarylandYrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATEMaryland B. COUNTY
Anne Arundel CountyC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Rural - Anne Arundel County

D. STREET ADDRESS (If rural, give location)

18 Old Annapolis Road 5200

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 29, 1892

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own House

13. FATHER'S NAME

Frederick Koehnlein

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Anna Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Joseph J. Harvey 18 Old Annapolis Rd.
A. A. Co. Md.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

approx.
15 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Arteriosclerotic
Cardiovascular Disease

DUE TO

approx.
15 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9/52 1:30 PM to 12/9/52 1:30 PM, to 12/9/52, that I last saw the
deceased alive on 12/9/52, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. A. Hubbard

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

12/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial 12/12/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Parkville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

184 Cook Inc. 1217 St. Paul st

ADDRESS

320
52 11206BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11206

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Mamie Sotaski

2. DATE
OF
DEATH

Dec. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

224 S. Washington St.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 24-1892

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Zaminski

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Sotaski 903 N. Streepers St.

18. 174X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Uterus

1 Yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1952 to Dec. 8, 1952 that I last saw the
deceased alive on Dec. 8, 1952, and that death occurred at 10:45 P. from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. McGowan

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

12/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952

Burial Dec. 13-1952 Holy Rosary Balto. Co. Md.
Thurston Williams, M.D. M. S. Zialkowski 2007 Eastern Ave

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-165430
52 11207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11207

BIRTH NO. 52-30285

1. NAME OF DECEASED (Type or Print)		Baby Boy Kokinos-Twin "A"		2. DATE OF DEATH Dec. 1-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-04			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2000 Whittier Ave.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 30-1952	9. AGE (in years last birthday) 12 7	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Christopher Kokinos		14. MOTHER'S MAIDEN NAME Esther Katsaras(Katsaros)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records:4940 Eastern Ave.	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Prematurity (B) (C)		INTERVAL BETWEEN ONSET AND DEATH Life	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-30-1952, to 12-1-1952, that I last saw the deceased alive on 12-1-1952, and that death occurred at 12-15AM, from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams, M.D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-6-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 12-4-52		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS	

19520211200

1917

CERTIFICATE OF DEATH

1917

No. 1000-10000

1000

1000

1000

1000

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1000

1000

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1000

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25 AB-165431

52 11208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11208

BIRTH NO. 52-30286

1. NAME OF DECEASED
(Type or Print)

Baby Boy Kokinos-Twin B

2. DATE
OF
DEATH

Nov. 30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
2000 Whittier Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Nov. 30-1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.
5 410A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Christopher Kokinos

14. MOTHER'S MAIDEN NAME

Esther Katsaras (Katsaros)

15. WAS DECEASED
(Yes, no or unknown)EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMATION ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 776x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 11-30-1952, to 11-30-1952, that I last saw the
deceased alive on 11-30-1952, and that death occurred at 5.15P m., from the causes and on the date stated above.

23A. SIGNATURE

H. G. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

12-6-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremated

24B. DATE

12-4-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave., Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952

Huntington Williams, Jr.

VS 150

520211201

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF
WASHINGTON, D. C.

RECEIVED
JUN 10 1914
U. S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF
WASHINGTON, D. C.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 12-15-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11209

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEON

JOHNSON

2. DATE
OF
DEATH

November 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

30 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Aaron

Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

Yes World War I

16. SOCIAL
SECURITY NO.

B. DATE OF BIRTH

About 1892-65

9. AGE (In years
last birthday)

11 Under 1 Year
Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Annapolis, Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Winfred Martha Johnson

17. INFORMANT

ADDRESS

Elenora Simons 4570 West

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 0 1952

Huntington Williams, M.D.

4570 West

DEC 1 0 1952

254 6 M

4570 West

00517 50

RECEIVED 10/10/1964

00517 50

525
52 11210VS150
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11210
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Jenkins

2. DATE
OF
DEATH

Dec 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

537 W. Biddle St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-01

D. STREET ADDRESS (If rural, give location)

537 W Biddle St

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

12-4-52 72

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Sedagelerson

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ...
DUE TO

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

(C) ...

INTERVAL BETWEEN
ONSET AND DEATH

2 yr

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28, 1950 to 12-4, 1952, that I last saw the deceased alive on 12-3, 1952 and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. Atwell Jones

23B. ADDRESS

3554 Solph Rd

23C. DATE SIGNED

12-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952

Huntington Williams, Jr

25. FUNERAL DIRECTOR ADDRESS

918 S Full

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians write the causes of death clearly and legibly.

24

[Faint, illegible handwritten text, possibly bleed-through from the reverse side of the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11211

1. NAME OF DECEASED
(Type or Print)

GEORGE KARLE Sr.

2. DATE
OF DEATH Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

About 55 yrs.

C. Length of stay in Baltimore

5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
Oct. 31, 18829. AGE (In years
last birthday)
70If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Baker

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Karl

14. MOTHER'S MAIDEN NAME

Rosina

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margarita Karle 701 S. Bouldin St.

18. 611X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, apoplexy, etc. It means the disease,
injury or complication which caused death.)

(A) Bilateral pyonephrosis

DUE TO Abscess of prostate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Dec. 8, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12- 11 - 52.

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

7401 German Hill Rd., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

901 S. Conkling St.

11/11/20

... ..
... ..
... ..

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11212
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES THOMAS CLISHAM SR.

2. DATE
OF
DEATH Dec. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3126 Dillon Street - 24

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 24, 1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Beth. Steel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James T. Clisham

14. MOTHER'S MAIDEN NAME

M. Charlotte Hartley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

216-07-2976

17. INFORMANT

ADDRESS

Rose Clisham 3126 Dillon St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertension Cardio Vascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Nucleus with Cerebral Hemorrhage
(Left Hemisphere)

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7th, 1952 to Dec. 7, 1952, that I last saw the
deceased alive on Dec. 7, 1952 and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St. - 13

Dec. 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12-10--52.

Oak Lawn Cemetery

7224 Eastern Ave. Rd Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952

Huntington Williams, M.D. Charles S. Feiler

901 S. Conkling St.

VS 150

52334 1205

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1945

1945

CO. 1, 1st Div.

1st Div.

1st Div.

1945

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11213 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gustav A. Kelm

2. DATE
OF
DEATH

12/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland Gen Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

LIFE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

26/20, 1895

9. AGE (in years
last birthday)

57

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALES

10B. KIND OF BUSINESS OR
INDUSTRY

MEAT

11. BIRTHPLACE (State or foreign country)

Ba 17.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

ADOLF G. KELM

14. MOTHER'S MAIDEN NAME

MINNIE BRECHT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

WWI

16. SOCIAL
SECURITY NO.

218-32-0173

17. INFORMANT

ADDRESS

RUTH E. KELM 10 W. BURKE AVE. TOWSON

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Embolism

15 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/1/52

19B. MAJOR FINDINGS OF OPERATION

Prophylactic Peptic Ulcer (Sub Total Gastric Resection)

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 1952, to 12/9/52, 1952, that I last saw the deceased alive on 12/9, 1952, and that death occurred at 10:35 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-12-1952

24C. NAME OF CEMETERY OR CREMATORY

PROSPECT HILL

24D. LOCATION (City, town, or county)

TOWSON

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1952

Huntington Williams, M.D.

H.W. JENKINS & SONS Co. 4905 YORK RD.

VS 150

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52 11213
4986A 200

10/11/50

10/11/50

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20315

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Infant of Sylvia Rieger

(284541)

2. DATE
OF
DEATH

November 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

708 South Register Street - 31

c. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

November 27, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Rieger

14. MOTHER'S MAIDEN NAME

Sylvia Lambert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 754.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 27, 1952, to November 29, 1952, that I last saw the
deceased alive on November 29, 1952 and that death occurred at 1.30 P., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Huntington Williams, M.D.

M. D.

The Johns Hopkins Hospital

12/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 0 1952

Huntington Williams, M.D.

VS 150

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52 11216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11216
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary Fenton Vogelman		12/8/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 411 Folsom St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 411 Folsom St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/5/1900
		9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Charles Wrightson	
14. MOTHER'S MAIDEN NAME Eva Butler		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Edward L. Vogelman	
18. ADDRESS Same		19. ADDRESS	

18. 443.X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial Insufficiency DUE TO (B) Anterior sclerotic - hypertension DUE TO (C) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952, to Dec 8, 1952, that I last saw the deceased alive on Dec 7, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE John G. Scheurich	23B. ADDRESS 1337 S. Charles St.	23C. DATE SIGNED 12/8/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/11/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR John F. Denny, Inc. 715 Light St.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 11 1952

VS 150

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John F. Denny, Inc. 715 Light St.

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

52 0011209

RECEIVED
JAN 10 1964
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250

correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11217

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN A. BISSEY, JR.		2. DATE OF DEATH 12/8/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MD b. COUNTY 24-02	
b. FULL NAME OF HOSPITAL OR INSTITUTION 315 E. HAMBURG ST		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 315 E. HAMBURG ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/27/1901
9. AGE (In years last birthday) 51		10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10B. KIND OF BUSINESS OR INDUSTRY FIRE DEPT.	
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOHN A. BISSEY		14. MOTHER'S MAIDEN NAME FANNIE SPARKS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. JOHN BISSEY		ADDRESS 315 E. HAMBURG ST	
18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of sigmoid Colon DUE TO Colm INTERVAL BETWEEN ONSET AND DEATH one month			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Carcinomatous			
19A. DATE OF OPERATION Nov 1952		19B. MAJOR FINDINGS OF OPERATION same as above	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 3, 1952 , to Dec 5, 1952 , that I last saw the deceased alive on Dec 1, 1952 , and that death occurred at 7:24 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Donna Miller M.D.		23B. ADDRESS Mrs. Charles ST	
23C. DATE SIGNED 12/10/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/11/52	
24C. NAME OF CEMETERY OR CREMATORY CEDAR HILL		24D. LOCATION (City, town, or county) (State) RITCHIE HWY	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR JOHN F. DENNY, INC.		ADDRESS 715 LIGHT ST-30	

VS 150

762 931 1210

Mr. Miller

9-10:30

6-8 Except 2 hrs
Sunday

12285 Charles St

correct age is especially important. Physicians please write the causes of death clearly and legibly.

#52 11218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11218

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John C. Schelhaus</i>			2. DATE OF DEATH <i>12/9/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>20A. South Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>413 Folsom St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9/18/1886</i>	9. AGE (in years last birthday) <i>66</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABOR - FOREMAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>CITY PARKS</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>Maryland</i>
13. FATHER'S NAME <i>Wm. Schelhaus</i>			14. MOTHER'S MAIDEN NAME <i>A. Finke</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>214-03-4191</i>	17. INFORMANT ADDRESS <i>MRS MARY SCHELHAUS 413 FOLSOM ST.</i>		

18. *420.0 and 260x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO
(B) DUE TO
(C) DUE TO

Coronary Thrombosis
arteriosclerotic heart disease
Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/9/52</i> , 19__, to <i>12/9/52</i> , 19__, that I last saw the deceased alive on <i>12/9/52</i> , 19__ and that death occurred at <i>4:55A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. W. Conway</i>		23B. ADDRESS <i>South Baltimore General Hosp</i>		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>12/12/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>MT. OLIVET</i>	24D. LOCATION (City, town, or county) (State) <i>FREDERICK RD.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>JOHN F. DENNY, INC. 715 LIGHT ST</i>

VS 150

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MEDICAL CERTIFICATION

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UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

100

WILLIAMS
CORP
INC

1181

2C-416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11219

Registered No.

52 11219

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Calburn, James T.

2. DATE
OF
DEATH

12-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore 20 yrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-29-1892

9. AGE (in years
last birthday)

60

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Sheet Metal Worker

11. BIRTHPLACE (State or foreign country)

Annapolis,
Baltimore Md.12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas - Deceased

CONJ

14. MOTHER'S MAIDEN NAME

Hattie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W.I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Esther F. Calburn, 4425 Allen

18. 420.1

CAUSE OF DEATH

Hernia

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Pulm. Edema.
Grade IV cardiac decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Acute Myocardial Infarction

(C)

Coronary artery occlusion

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1952, to 12-10, 1952, that I last saw the
deceased alive on 12-10, 1952, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1952

Huntington Williams, M.D.

Harry F. Lutzke, 4101 Edmondson

VS 150

592 240 1 1 2 1 2

am

correct age is es
importantly important

MEDICAL CERTIFICATION

CAUSE OF DEATH

1. I hereby certify that the deceased died of
 2. I hereby certify that the deceased died of
 3. I hereby certify that the deceased died of
 4. I hereby certify that the deceased died of
 5. I hereby certify that the deceased died of

6. I hereby certify that the deceased died of
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41. I hereby certify that the deceased died of
 42. I hereby certify that the deceased died of
 43. I hereby certify that the deceased died of
 44. I hereby certify that the deceased died of
 45. I hereby certify that the deceased died of

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11230

52 11230

BIRTH NO.

51-25280

1. NAME OF DECEASED
(Type or Print)

Gregory J. Althoff

2. DATE
OF
DEATH

12-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/27/51

9. AGE (In years
last birthday)

1 yr

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Althoff

14. MOTHER'S MAIDEN NAME

Janet Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Joseph E. Althoff

ADDRESS

18. 753.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH 4245 Flowerton Rd.

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Cardiac - sup. failure

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

3rd Ventr. Culostomy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK AT WHILE ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1952, to 12-9, 1952, that I last saw the
deceased alive on 12-9, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1952 Huntington Williams, M.D. Harvey F. Hittler, 4101 Edmondson Ave

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

25 11330

25 11330

WALLACE

100-100000

100-100000

100-100000

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100-100000

correct age is especially important. Physicians write the causes of death clearly and legibly.

522
52 11231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11231

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Antoni F. Bonczyk

2. DATE
OF
DEATH

Dec. 10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2006 E. Pratt St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2006 E. Pratt St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 25 1873

9. AGE (In years)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sailor

10B. KIND OF BUSINESS OR INDUSTRY

Pocket Maker

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

F. Bonczyk

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Miros 2006 E. Pratt St

18. *450.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan 7, 1946* to *Dec. 10, 1952* that I last saw the deceased alive on *Sept 5, 1952*, and that death occurred at *8 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Seigmund R. Nowak

23B. ADDRESS

408 S. Pratt. Ph. An.

23C. DATE SIGNED

Dec. 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 12/52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Mary, Baltimore

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Fred W. Ozagowski

ADDRESS

1930 Eastern Ave.

1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER	
3. DATE OF BIRTH		4. GRADE OR RATE	
5. SERVICE NUMBER		6. DATE OF ENTRY INTO SERVICE	
7. DATE OF SEPARATION		8. REASON FOR SEPARATION	
9. ADDRESS (Street, City, State, Zip)		10. HOME PHONE NUMBER	
11. EDUCATION (School, Degree)		12. OCCUPATION (Before Service)	
13. MARITAL STATUS		14. NAME AND ADDRESS OF SPOUSE	
15. NAME AND ADDRESS OF CHILDREN		16. NAME AND ADDRESS OF PARENTS	
17. NAME AND ADDRESS OF NEXT OF KIN		18. NAME AND ADDRESS OF GUARANTOR	
19. NAME AND ADDRESS OF EMPLOYER		20. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
21. NAME AND ADDRESS OF PREVIOUS EMPLOYER		22. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
23. NAME AND ADDRESS OF PREVIOUS EMPLOYER		24. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
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39. NAME AND ADDRESS OF PREVIOUS EMPLOYER		40. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
41. NAME AND ADDRESS OF PREVIOUS EMPLOYER		42. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
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47. NAME AND ADDRESS OF PREVIOUS EMPLOYER		48. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
49. NAME AND ADDRESS OF PREVIOUS EMPLOYER		50. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
51. NAME AND ADDRESS OF PREVIOUS EMPLOYER		52. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
53. NAME AND ADDRESS OF PREVIOUS EMPLOYER		54. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
55. NAME AND ADDRESS OF PREVIOUS EMPLOYER		56. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
57. NAME AND ADDRESS OF PREVIOUS EMPLOYER		58. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
59. NAME AND ADDRESS OF PREVIOUS EMPLOYER		60. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
61. NAME AND ADDRESS OF PREVIOUS EMPLOYER		62. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
63. NAME AND ADDRESS OF PREVIOUS EMPLOYER		64. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
65. NAME AND ADDRESS OF PREVIOUS EMPLOYER		66. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
67. NAME AND ADDRESS OF PREVIOUS EMPLOYER		68. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
69. NAME AND ADDRESS OF PREVIOUS EMPLOYER		70. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
71. NAME AND ADDRESS OF PREVIOUS EMPLOYER		72. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
73. NAME AND ADDRESS OF PREVIOUS EMPLOYER		74. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
75. NAME AND ADDRESS OF PREVIOUS EMPLOYER		76. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
77. NAME AND ADDRESS OF PREVIOUS EMPLOYER		78. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
79. NAME AND ADDRESS OF PREVIOUS EMPLOYER		80. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
81. NAME AND ADDRESS OF PREVIOUS EMPLOYER		82. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
83. NAME AND ADDRESS OF PREVIOUS EMPLOYER		84. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
85. NAME AND ADDRESS OF PREVIOUS EMPLOYER		86. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
87. NAME AND ADDRESS OF PREVIOUS EMPLOYER		88. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
89. NAME AND ADDRESS OF PREVIOUS EMPLOYER		90. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
91. NAME AND ADDRESS OF PREVIOUS EMPLOYER		92. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
93. NAME AND ADDRESS OF PREVIOUS EMPLOYER		94. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
95. NAME AND ADDRESS OF PREVIOUS EMPLOYER		96. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
97. NAME AND ADDRESS OF PREVIOUS EMPLOYER		98. NAME AND ADDRESS OF PREVIOUS EMPLOYER	
99. NAME AND ADDRESS OF PREVIOUS EMPLOYER		100. NAME AND ADDRESS OF PREVIOUS EMPLOYER	

420
52 11232BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11232

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sophia Schloss

2. DATE
OF
DEATH

December 11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2414 Guntaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

70 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1852

9. AGE (In years
last birthday)

100

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Isaac Luchowsky

14. MOTHER'S MAIDEN NAME

Brocho

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Toney Schloss - 2414 Guntaw Place

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Pulmonary Embolism

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21, 1952 to Dec 10, 1952 that I last saw the
deceased alive on 12/10/52 and that death occurred at 3 a m., from the causes and on the date stated above.

23A. SIGNATURE

M. Chidocox

M. O.

23B. ADDRESS

2225 Linden

23C. DATE SIGNED

12/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/52

24C. NAME OF CEMETERY OR CREMATORY

Shomra Adas

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sal. Levinson - Bro - 1124-26 W.

ADDRESS

North Ave.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF TEXAS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Nature of disease		8. Duration of disease		9. Name of physician		10. Name of funeral director	
11. Name of informant		12. Signature of informant		13. Signature of physician		14. Signature of funeral director		15. Signature of registrar	
16. Name of registrar		17. Signature of registrar		18. Signature of registrar		19. Signature of registrar		20. Signature of registrar	
21. Name of registrar		22. Signature of registrar		23. Signature of registrar		24. Signature of registrar		25. Signature of registrar	
26. Name of registrar		27. Signature of registrar		28. Signature of registrar		29. Signature of registrar		30. Signature of registrar	
31. Name of registrar		32. Signature of registrar		33. Signature of registrar		34. Signature of registrar		35. Signature of registrar	
36. Name of registrar		37. Signature of registrar		38. Signature of registrar		39. Signature of registrar		40. Signature of registrar	
41. Name of registrar		42. Signature of registrar		43. Signature of registrar		44. Signature of registrar		45. Signature of registrar	
46. Name of registrar		47. Signature of registrar		48. Signature of registrar		49. Signature of registrar		50. Signature of registrar	
51. Name of registrar		52. Signature of registrar		53. Signature of registrar		54. Signature of registrar		55. Signature of registrar	
56. Name of registrar		57. Signature of registrar		58. Signature of registrar		59. Signature of registrar		60. Signature of registrar	
61. Name of registrar		62. Signature of registrar		63. Signature of registrar		64. Signature of registrar		65. Signature of registrar	
66. Name of registrar		67. Signature of registrar		68. Signature of registrar		69. Signature of registrar		70. Signature of registrar	
71. Name of registrar		72. Signature of registrar		73. Signature of registrar		74. Signature of registrar		75. Signature of registrar	
76. Name of registrar		77. Signature of registrar		78. Signature of registrar		79. Signature of registrar		80. Signature of registrar	
81. Name of registrar		82. Signature of registrar		83. Signature of registrar		84. Signature of registrar		85. Signature of registrar	
86. Name of registrar		87. Signature of registrar		88. Signature of registrar		89. Signature of registrar		90. Signature of registrar	
91. Name of registrar		92. Signature of registrar		93. Signature of registrar		94. Signature of registrar		95. Signature of registrar	
96. Name of registrar		97. Signature of registrar		98. Signature of registrar		99. Signature of registrar		100. Signature of registrar	

correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11233

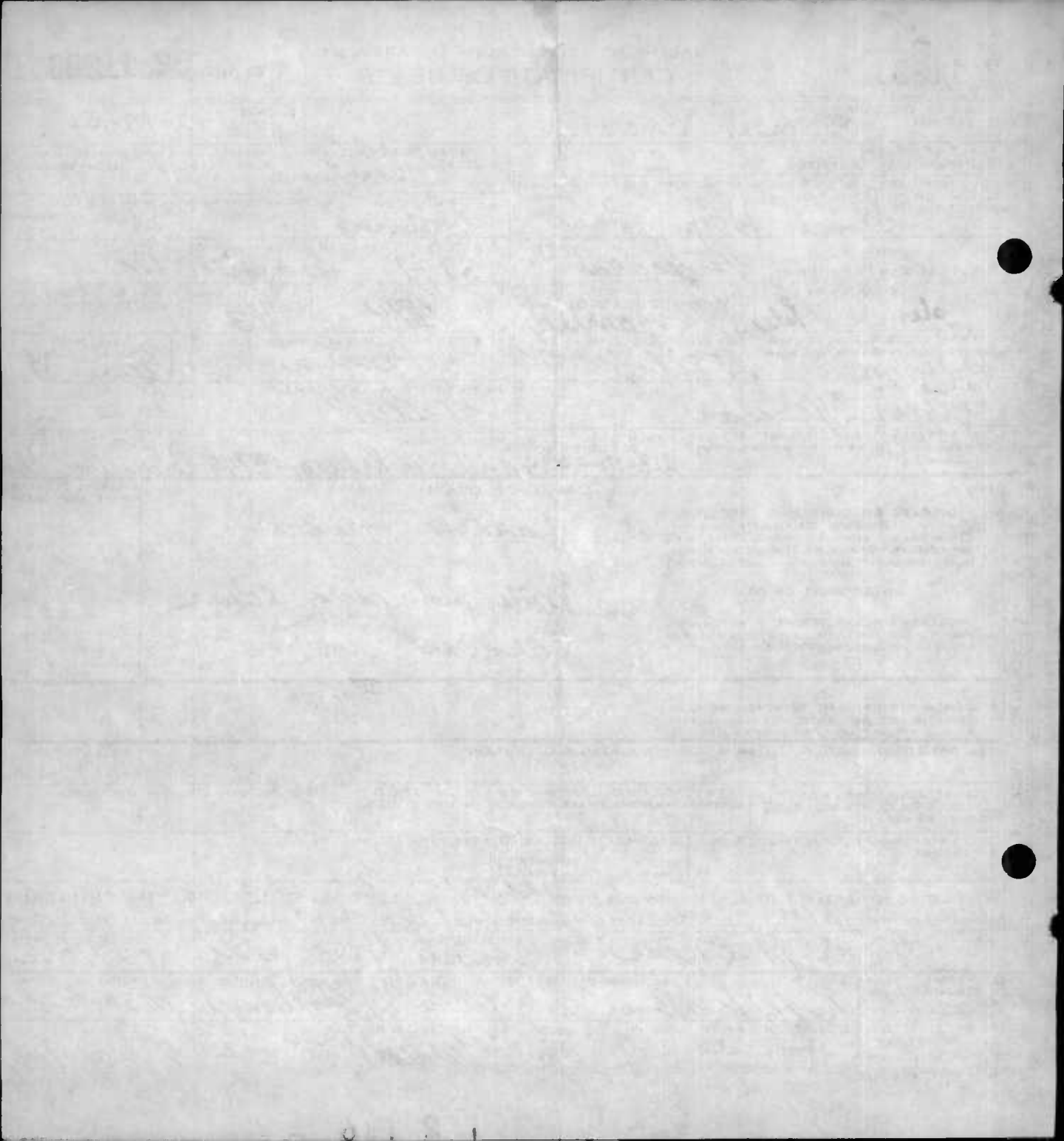
620
52 11233
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel Krauss			2. DATE OF DEATH 12-10-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Senai Hosp. Inc			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. Length of stay in Baltimore 45 years			D. STREET ADDRESS (If rural, give location) 3747 Columbus Dr.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1899	9. AGE (in years last birthday) 73	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			11. BIRTHPLACE (State or foreign country) Russia		
10B. KIND OF BUSINESS OR INDUSTRY Tailor			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Harry Krauss			14. MOTHER'S MAIDEN NAME Yetta?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 213-10-9974		
17. INFORMANT Mr. Louis Krauss			ADDRESS 3747 Columbus Dr.		

18. 434.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure DUE TO	CAUSE OF DEATH Cardiac Failure	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute pulmonary edema DUE TO Cardiac asthma DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12/10/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/10/52 , 19 52 , to 12/10 , 19 52 , that I last saw the deceased alive on 12/10 , 19 52 , and that death occurred at 1 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Cheron D. Jones		23B. ADDRESS Senai Hosp. Inc		23C. DATE SIGNED 12/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/11/52		24C. NAME OF CEMETERY OR CREMATORY Bnai Jacob Herring Run	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR W. J. W. North Ave.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1952		VS 150			

1952 59046216



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11234
Registered No.

425
52 11234
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Belle Alexander</i>			2. DATE OF DEATH <i>Dec. 11, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3731 St. Margaret St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. <i>1</i> Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3731 St. Margaret St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb. 27, 1879</i>	9. AGE (In years last birthday) <i>73</i>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Armstrong</i>			14. MOTHER'S MAIDEN NAME <i>Denish Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>John Armstrong</i>			ADDRESS <i>3731 St. Margaret St.</i>		

18. <i>443X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>hemiplegia (rt)</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	<i>arteriosclerosis</i>
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Philip Dr. Kerker, MD</i>		23B. ADDRESS <i>302 Patapoco Ave</i>		23C. DATE SIGNED <i>12/11/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Dec. 11, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pittston</i>	
24D. LOCATION (City, town, or county) <i>Pittston, Pennsylvania</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1952</i>		ADDRESS <i>1217 St. Paul St.</i>			

1981 52

CERTIFICATE OF DEATH
HEALTH DEPARTMENT

1981 52

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Signature of Physician		10. Signature of Registrar		11. Signature of Medical Examiner		12. Signature of Coroner	
13. Signature of Funeral Home		14. Signature of Burial Place		15. Signature of Crematorium		16. Signature of Other	
17. Signature of Other		18. Signature of Other		19. Signature of Other		20. Signature of Other	
21. Signature of Other		22. Signature of Other		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other		28. Signature of Other	
29. Signature of Other		30. Signature of Other		31. Signature of Other		32. Signature of Other	
33. Signature of Other		34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other		40. Signature of Other	
41. Signature of Other		42. Signature of Other		43. Signature of Other		44. Signature of Other	
45. Signature of Other		46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other		52. Signature of Other	
53. Signature of Other		54. Signature of Other		55. Signature of Other		56. Signature of Other	
57. Signature of Other		58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other		64. Signature of Other	
65. Signature of Other		66. Signature of Other		67. Signature of Other		68. Signature of Other	
69. Signature of Other		70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other		76. Signature of Other	
77. Signature of Other		78. Signature of Other		79. Signature of Other		80. Signature of Other	
81. Signature of Other		82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other		88. Signature of Other	
89. Signature of Other		90. Signature of Other		91. Signature of Other		92. Signature of Other	
93. Signature of Other		94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other		100. Signature of Other	

645
52 11225BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11225

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Ferling, Clemence Lucy</u>			2. DATE OF DEATH <u>December 10, 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-02</u>		
D. STREET ADDRESS (If rural, give location) <u>3405 Southern Avenue</u>			E. LENGTH OF STAY IN BALTIMORE <u>6 yr.</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAR. 17-1874</u>		9. AGE (in years last birthday) <u>78</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hwfe.</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>
12. CITIZEN OF WHAT COUNTRY? <u>?</u>			13. FATHER'S NAME <u>MONSANTO</u>		
14. MOTHER'S MAIDEN NAME <u>?</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>?</u>		
16. SOCIAL SECURITY NO. <u>?</u>			17. INFORMANT ADDRESS <u>Mr. Harry James Ferling - SAME</u>		
18. <u>290.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute cardiac decompensation</u> <u>XERO</u>					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Acute pulmonary edema</u> <u>XERO</u> <u>Pernicious anemia</u>					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>December 9, 1952</u> , to <u>December 10, 1952</u> that I last saw the deceased alive on <u>Dec. 10, 1952</u> and that death occurred at <u>5:10 p. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>P. J. Haines</u>		23B. ADDRESS <u>1400 N. Caroline St.</u>		23C. DATE SIGNED <u>Dec. 10, '52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/13/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>ST. Mary's CEM.</u>	
24D. LOCATION (City, town, or county) (State) <u>Yonkers - New York</u>		25. FUNERAL DIRECTOR <u>Leonard J. Ruck</u>		25. ADDRESS <u>5305 Hayford</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 11 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>			

VS 150

9520011210

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



DISCUSSION

100

55 Dr. Osbourne

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11236

52 11236

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHRISTINE E. SCHANINGER			2. DATE OF DEATH DEC. 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2916 Hamilton Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2916 Hamilton Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 20, 1865		9. AGE (In years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. John E. Franz, 2916 Hamilton		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral embolism DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis and atherosclerosis DUE TO General arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 1950 to November 16, 1952 , that I last saw the deceased alive on 16 Nov , 19 52 , and that death occurred at 12:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Osbourne		23B. ADDRESS 5600 Harford Rd		23C. DATE SIGNED Dec 10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/13/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1952		REGISTRAR'S SIGNATURE Huntington Williams			

VS 150

52 00011219

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

25 11883

RECEIVED
OFFICE OF THE
SECRETARY OF THE
NAVY
WASHINGTON, D.C.

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25 11883

260
52 11237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11237
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ESTHER D. FISHER		2. DATE OF DEATH 12-9-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1416 W. PRATT ST		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) BALTIMORE 19-03	
c. Length of stay in Baltimore 22 Yrs. Mos. Days		D. STREET ADDRESS (If rural give location) 1416 W. PRATT ST	
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 15-1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. WIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 55
11. BIRTHPLACE (State or foreign country) PENNA		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME WALMER		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT LEROY FISHER		ADDRESS 1416 W. PRATT ST	

18. 443x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) URemic Coma. DUE TO Hyperuricemia Cardio, Vas-disease DUE TO Severe obesity	INTERVAL BETWEEN ONSET AND DEATH 1 week years years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 8**, 19**51**, to **Dec. 9**, 19**52** that I last saw the deceased alive on **Dec. 9**, 19**52**, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

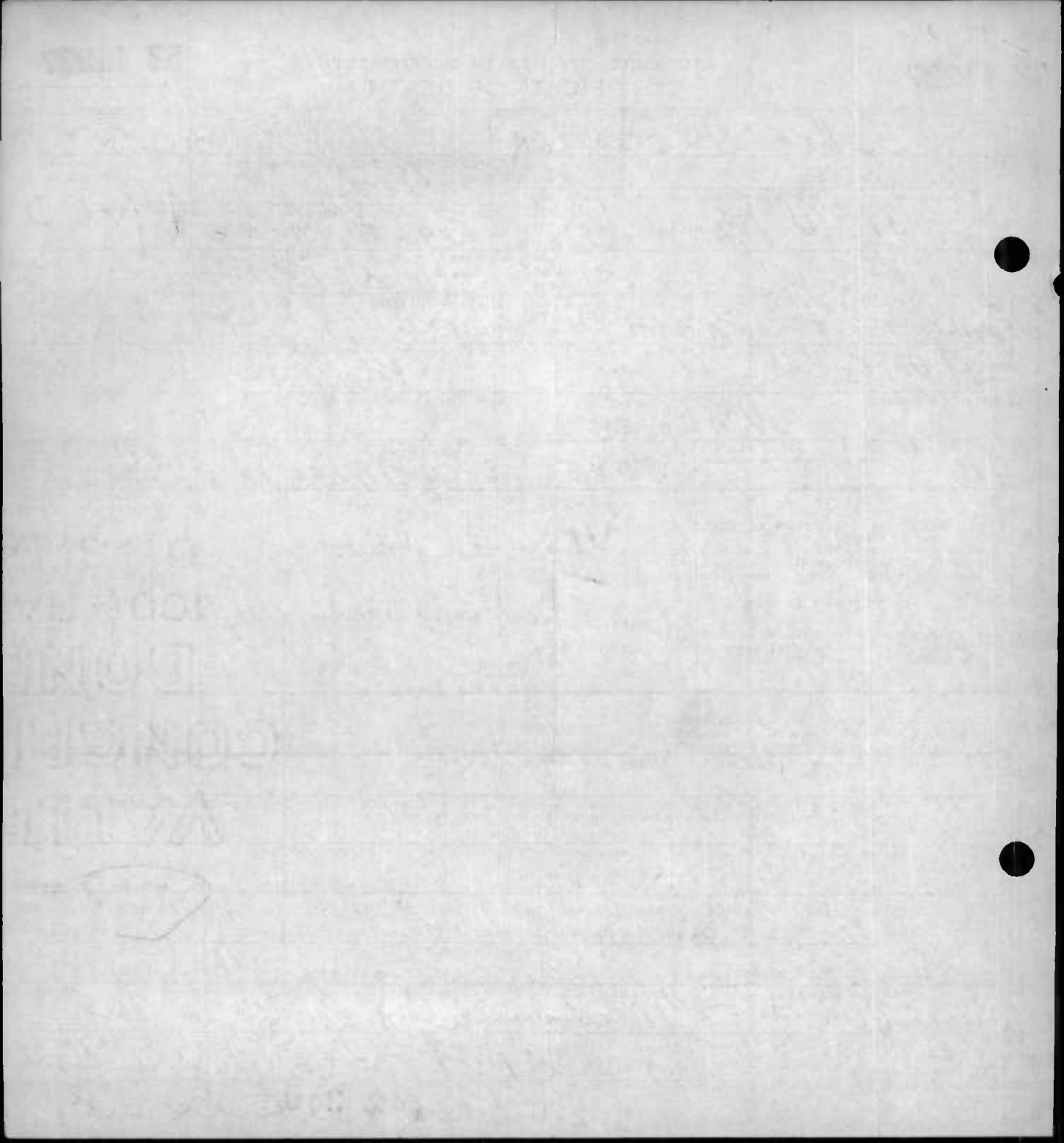
23A. SIGNATURE Charles Commas	23B. ADDRESS 910 W. Lombard St	23C. DATE SIGNED Dec. 10/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-12-52	24C. NAME OF CEMETERY OR CREMATORY Meadowdale Cem
24D. LOCATION (City, town, or county) (State) Baltimore Md		

DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR 1857 E. B. M. Walters	ADDRESS 1857 E. B. M. Walters
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correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

19520



correct age is especially important. Physicians: please write the causes of death and legibly.

R-125
52 11228

Robison
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11238
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Isaac Robinson</u>			2. DATE OF DEATH <u>12-9-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>24-02</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Hospital</u>			D. STREET ADDRESS (If rural, give location) <u>437 E Bitting Street #30</u>		
C. Length of stay in Baltimore			E. DATE OF BIRTH <u>June 5-1869</u> AGE (in years last birthday) <u>83</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH		9. AGE (in years last birthday) <u>83</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Armstrong Corp.</u>	11. BIRTHPLACE (State or foreign country) <u>Chesapeake City, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Henry Robinson</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Swede</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS <u>Hosp. Records</u>		

18. <u>177X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <u>Carcinoma of Prostate</u>		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/13</u> , 19 <u>52</u> to <u>12/9</u> , 19 <u>62</u> that I last saw the deceased alive on <u>12/8</u> , 19 <u>52</u> and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>G. T. Watson</u>		23B. ADDRESS <u>Mary Hospital</u>		23C. DATE SIGNED <u>12/9/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/12/1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>	
24D. LOCATION (City, town, or county) <u>G. G. Co. Md.</u>		24E. (State)			
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 11 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Fleming 1426 Light St.</u>	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 11229**

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

Baltimore City Jail

(d) Length of stay in hospital or inst. (yrs., mos., or days) **1 hr.**

(e) Length of stay in Baltimore (yrs., mos., or days) **?**

3 (a) FULL NAME

Thomas E. Estep

3 (b) If veteran, name war

NO

3 (c) Social Security Account

No. **?**

4. Sex

Male

5. Color or race

White

6 (a) Single, married, widowed, or divorced.

DIVORCED

6 (b) Name of husband or wife **IDA JERGENS**

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

AUG. 9, 1905

8. AGE: Years

47

Months

Days

If less than one day

hr. min.

9. Birthplace

Tennessee

(Town, county, and state)

10. Usual Occupation

ELECTRICIAN

11. Industry or business

?

CONST

12. Name

JAMES E. STEP

13. Birthplace

?

14. Maiden Name

MOLLY HARDEN

15. Birthplace

16 (a) Informant

CLYDE COPELAND F.D.

(b) Address

PENNINGTON GAP, VA.

17 (a)

REMOVAL

(b) Date thereof

12/11/52

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

PENNINGTON GAP

Location

PENNINGTON GAP, VIRGINIA

18 (a) Funeral director

Wm. Cook, Inc.

(b) Address

1217 S. PAUL STREET

19 (a)

DEC 11 1952

(b)

Huntington Williams, M.D.

Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State **md.**

(b) County **Baltimore**

(c) City or town

Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No.

13 E. Pratt

(If rural give location)

(e) Citizen of foreign country?

NO

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH **Dec. 9 1952**, at **11:20 A.M.**

21. I certify that death occurred on the date above stated; that I attended deceased from **12-9 1952** to **12-9 1952** and that I last saw him alive on **12-9 1952**

Immediate cause of death

Coronary Failure

Duration

1 HR.

Due to

Epilepsy

3 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

none

Major findings of operation:

PHYSICIAN

Underline the cause to which death should be charged statistically.

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at

M

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Joseph P. Noble

Address

Baltimore City Jail

Date signed

12/9/52

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

513
52 11230
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11230
Registered No.

1. NAME OF DECEASED (Type or Print) HAMPTON, GERALDINE		2. DATE OF DEATH 9 DEC. 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQ. HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 24-03	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1286 Riverside Ave	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 12, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10B. KIND OF BUSINESS OR INDUSTRY ?	9. AGE (In years last birthday) 43 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME LEO FRANK FREED		14. MOTHER'S MAIDEN NAME MARY EGAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Hosp. Records		ADDRESS	
18. 587.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Lower nephron nephrosis DUE TO (B) necrotizing pancreatitis DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 7+ days 17+ days			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchopneumonia			
19A. DATE OF OPERATION 28 NOV. 52		19B. MAJOR FINDINGS OF OPERATION EMPHYSEMA OF GALL BLADDER	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NO		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 8 DEC., 1952 , to 9 DEC., 1952 that I last saw the deceased alive on 9 DEC., 1952 and that death occurred at 2:10 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Dean W. Lane, M.D.		23B. ADDRESS 56 Franklin Sq. Hosp.	
23C. DATE SIGNED 9 DEC 52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/13/1952	
24C. NAME OF CEMETERY OR CREMATORY Cathedral		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1952		REGISTRAR'S SIGNATURE H. H. Williams, M.D.	
25. FUNERAL DIRECTOR Hynes & Fleming		ADDRESS 1426 Light St.	

MEDICAL CERTIFICATION

0924 24

0924 24

Handwritten notes and signatures, mostly illegible due to fading. Some visible words include "COMMITTEE", "REPORT", "CONCERNING", "THE", "MATTER", "OF", "THE", "CITY", "OF", "NEW", "YORK", "AND", "THE", "STATE", "OF", "NEW", "YORK".

363
52 11231BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11231

BIRTH NO.			1. NAME OF DECEASED (Type or Print) HOWARD EDWARDS			2. DATE OF DEATH 8 DEC. '52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY BALTIMORE					
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQ. HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 24-01					
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1405 HAUBERT ST.					
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH		9. AGE (In years last birthday) 71	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER			10B. KIND OF BUSINESS OR INDUSTRY BAKER			11. BIRTHPLACE (State or foreign country) MARYLAND		
13. FATHER'S NAME JOHN EDWARDS			14. MOTHER'S MAIDEN NAME LENA BAKER			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Alto Records ✓		
18. 490X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) BILATERAL LOWER LOBAR PNEUMONIA DUE TO (B) CHRONIC PASSIVE CONGESTION DUE TO (C) ARTERIOSCLEROTIC HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH 14 1/2 days U.N.K. YRS.								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. UREMIA; CHRONIC GLOMERULONEPHRITIS								
19A. DATE OF OPERATION NONE			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NO			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8 DEC., 1952 , to 8 DEC., 1952 , that I last saw the deceased alive on 8 DEC., 1952 and that death occurred at 5 P. M. , from the causes and on the date stated above.								
23A. SIGNATURE Leon W. Dene, M.D.			23B. ADDRESS 56 FRANKLIN SQ HOSP.			23C. DATE SIGNED 8 DEC 52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 12/11/1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D.			25. FUNERAL DIRECTOR ADDRESS Flynn + Fleming 1426 Light St.		

1981. SF

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10311087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11232

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 9-11, 1952, to 12-10, 1952, that I last saw the
deceased alive on 12-10, 1952, and that death occurred at 2 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1952

Huntington Williams, M.D. Edward Foulson Balto 30 mch

VS 150

9520011225

MEDICAL CERTIFICATION

1940

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The cause of death should be carefully supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 11233**

52 11233

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		FRANK BOGAR		2. DATE OF DEATH December 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-52	
D. STREET ADDRESS (If rural, give location) 2814 Carroll Street				E. LENGTH OF STAY IN BALTIMORE 46 years	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/13/1872	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Gen. con. (retired)		11. BIRTHPLACE (State or foreign country) Hungary	
13. FATHER'S NAME Paul Bogar			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Theresa Bogar, Baltimore, Maryland	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arteriosclerotic cardiovascular vascular disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William R. Edwards		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Dec. 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/12/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Edmondson Avenue, Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Edward J. Tolson		24H. ADDRESS Baltimore, Md.		24I. DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1952	

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10000000



J-525
52 11234BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11234

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMOS

JOHNSON

2. DATE
OF
DEATH

December 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1128 Pennsylvania Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

General

13. FATHER'S NAME

Stephen Johnson

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Barnes 1049 Poplar

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William U. Love

23B. CHIEF MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

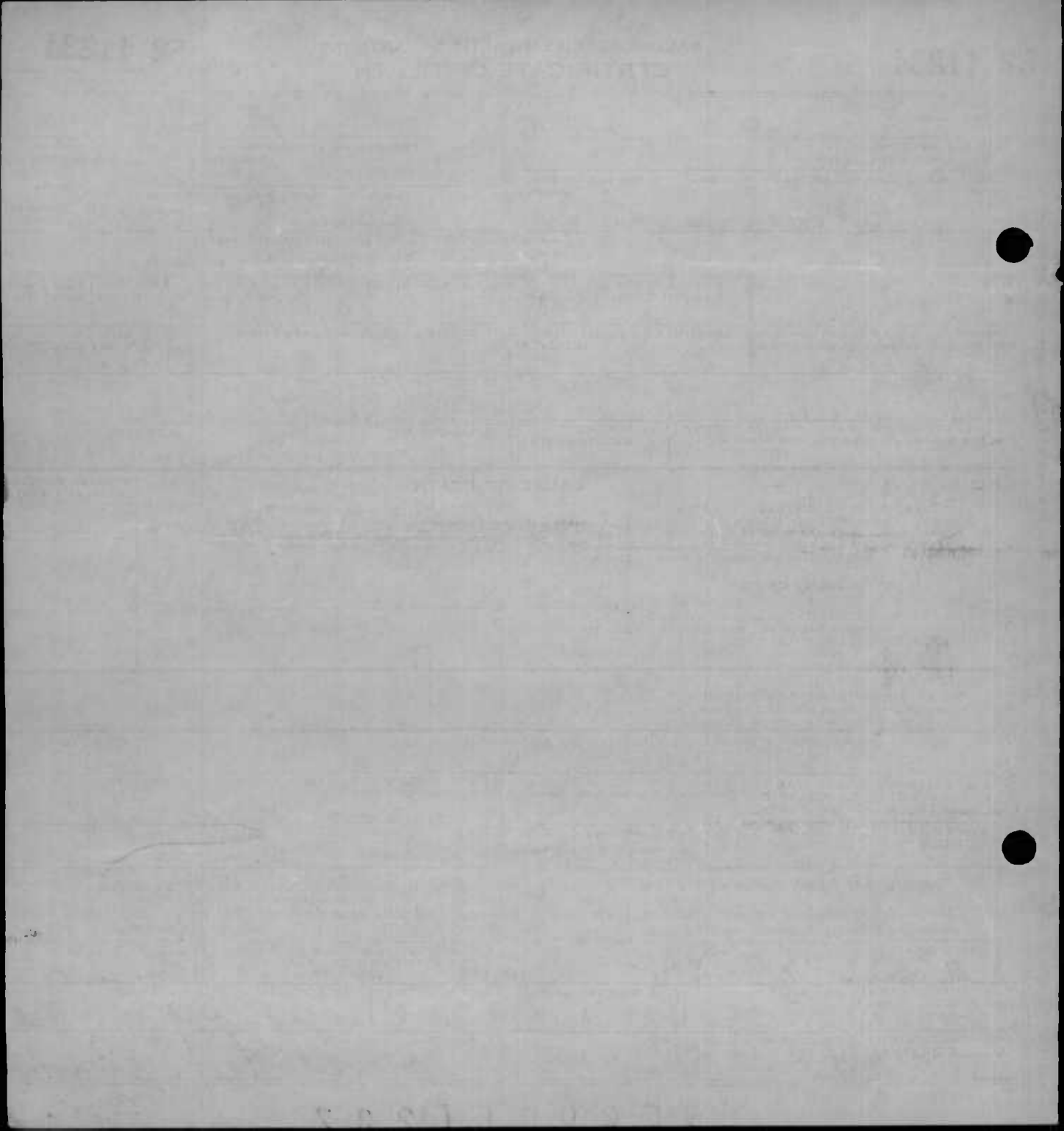
REGISTRAR'S SIGNATURE

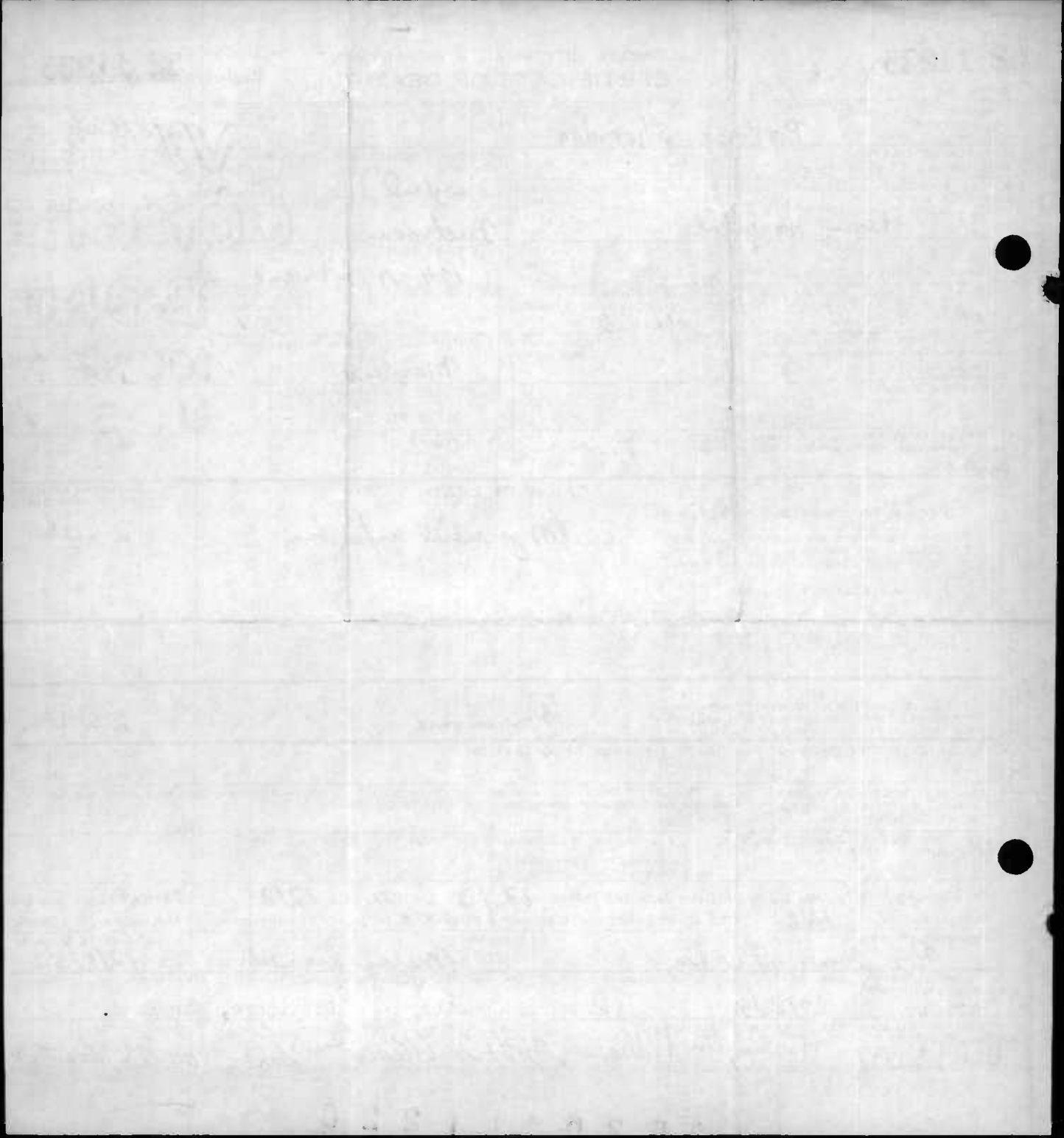
25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1952

Westport Md
1985-1986





correct age is especially important. Physicians write the causes of death carefully and legibly.

MEDICAL CERTIFICATION

620		52 11236		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 52 11236		
BIRTH NO.								
1. NAME OF DECEASED (Type or Print) <i>John George</i>				2. DATE OF DEATH <i>December 9, 1952</i>				
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Cal 6</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Balto.</i>				
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>White Marsh</i>				
c. Length of stay in Baltimore <i>1</i>				D. STREET ADDRESS (If rural, give location) <i>Convent Ave. 5300</i>				
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>1-15-86</i>		9. AGE (In years last birthday) <i>65</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>Handyman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Shoeing Store</i>		11. BIRTHPLACE (State or foreign country) <i>Harford Co Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		
13. FATHER'S NAME <i>John S. George</i>				14. MOTHER'S MAIDEN NAME <i>Gertrude C. Bennett</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS		
18. <i>451X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				CAUSE OF DEATH (A) <i>Rupture of aortic aneurysm</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH <i>10 hr.</i> <i>3 yr or more</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>12-9-52</i>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>12-9, 1952</i> , to <i>12-9, 1952</i> , that I last saw the deceased alive on <i>12-9, 1952</i> , and that death occurred at <i>12:30 p.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Thomas Franklin Williams, M.D.</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12/10/52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/12/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. John Meth.</i>		24D. LOCATION (City, town, or county) (State) <i>Harford Co. Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Louise Funeral Home</i>		ADDRESS <i>7401 Belair Rd.</i>		
VS 150 <i>6906A</i> <i>1222</i>								

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11237
Registered No. _____

BIRTH NO. 52 11237

1. NAME OF DECEASED (Type or Print) PEARL G. COLE			2. DATE OF DEATH Dec. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Cambridge Arms Apts. Charles & 34th Sts.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) Cambridge Arms Apts.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 31, 1880		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph C. B. Gilmore			14. MOTHER'S MAIDEN NAME Rebecca Harris		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. Carroll L. Cole - Cambridge Arms Apts		

MEDICAL CERTIFICATION

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular disease		INTERVAL BETWEEN ONSET AND DEATH about 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 7/52 , 19 52 , to Dec 10 , 19 52 , that I last saw the deceased alive on Dec 9 , 19 52 , and that death occurred at 6 a m., from the causes and on the date stated above.				
23A. SIGNATURE William H. Harrison	M. D.	23B. ADDRESS 2220 Harrison Blvd	23C. DATE SIGNED Dec 11/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/13/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. J. Pickner & Sons Baltimore 17, Md.	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4400

52 11237

1937

RECEIVED

OFFICE OF THE SECRETARY

1937

1937



correct age is especially important. Physicians write the causes of death clearly and legibly.

V-452

52 11238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11238
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) MATILDA M. WALINS		
2. DATE OF DEATH DECEMBER 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #18 12-00		
7. STREET ADDRESS (If rural, give location) 428 CALVIN AVE.		
8. Length of stay in Baltimore Yrs. Mos. Days		
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
12. DATE OF BIRTH JUNE 20, 1875		
13. AGE (In years last birthday) 77		
14. Under 1 Year Months: Days		
15. Under 24 Hours Hours: Min.		
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		
17. KIND OF BUSINESS OR INDUSTRY at home		
18. BIRTHPLACE (State or foreign country) FRANCE		
19. CITIZEN OF WHAT COUNTRY?		
20. FATHER'S NAME FELIX LESIOURD		
21. MOTHER'S MAIDEN NAME MODESTE MALOISEAU		
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		
23. SOCIAL SECURITY NO. no		
24. INFORMANT MRS. P. RYAN		
25. ADDRESS 4278 CALVIN AVE. BALTO.		
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) ACUTE PULMONARY EDEMA DUE TO (B) HYPERTENSIVE CARDIO-RENAL VASCULAR DUE TO (C) DISEASE; MYOCARDIAL DEGENERATION INTERVAL BETWEEN ONSET AND DEATH 4 HOURS 15 YEARS		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION		
19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from DEC. 10 , 19 52 , to DEC. 10 , 19 52 , that I last saw the deceased alive on DEC. 10 , 19 52 , and that death occurred at 9:40 P. M. , from the causes and on the date stated above.		
23A. SIGNATURE Antonia A. Palmer		
23B. ADDRESS Grey Hospital		
23C. DATE SIGNED 12/10/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE 12/13/52		
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		
24D. LOCATION (City, town, or county) (State) Balto., Md.		
25. DATE RECEIVED BY LOCAL REGISTRAR		
26. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
27. FUNERAL DIRECTOR Chas. J. Tichener & Sons		
28. ADDRESS Balto. 17, Md.		

DEC 11 1952
VS 150

125-2001123

THE
OFFICE OF THE
SECRETARY OF THE
NAVY
WASHINGTON, D. C.
JANUARY 10, 1918
TO THE
HONORABLE
MEMBERS OF THE
HOUSE OF REPRESENTATIVES
AND
THE SENATE
FROM
THE SECRETARY OF THE NAVY
SIR:
I have the honor to acknowledge the receipt of your letter of the 8th inst. in relation to the proposed amendment to the Naval Appropriation Bill for 1918, and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

52 11239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11239

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLY M. PYLES

2. DATE
OF
DEATH

Dec. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
Md.B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTE location)
Methodist Home for the Aged

2211 W. Rogers Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
2211 W. Rogers Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Apr. 29, 1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
at home11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William W. Harver

14. MOTHER'S MAIDEN NAME

Christina Spies

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Methodist Home Records - 2211 W. Rogers

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO

(A) Myocardia insufficiency

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.
DUE TO

(B) Arteriosclerosis

10 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 5, 1950, to December 8, 1952, that I last saw the deceased alive on 12-8-1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Davis

M. D.

23B. ADDRESS

800 West 33rd Street-11

23C. DATE SIGNED

12-10-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington W. Williams

J. J. Sicker & Sons

Balto. 17, Md.

DEC 11 1952

VS 150

520011239

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 11240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11240

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE ISABELLE EGGERS

2. DATE
OF
DEATH

Dec. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONHilton Nursing Home
3520 N. Hilton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5314 Park Heights Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 21, 1863

9. AGE (In years last birthday)

89

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Elias Jackson Thompson

14. MOTHER'S MAIDEN NAME

Elizabeth Ann Stevenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Henry T. Eggers - Cockeysville, Md.

18. 522X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

HYPOSTATIC PNEUMONIA

DUE TO

ANTECEDENT CAUSES

(B)

SENILITY

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1952 to 12/9, 1952, that I last saw the deceased alive on 12/5, 1952, and that death occurred at 6:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel P. Scalia

23B. ADDRESS

1004 Reisterstown Road Pikesville

23C. DATE SIGNED

12/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/12/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Vickers & Sons

DEC 11 1952

VS 150

1952001

1238

Balto 17, Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 1-14-53

52 11241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11241

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna R. Michael</i>		2. DATE OF DEATH <i>December 7, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4801 Park Heights Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4801 Park Heights Ave</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>4801 Park Heights Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1888 Sept. 7, 1872</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (In years last birthday) <i>64</i>
13. FATHER'S NAME <i>George Sandler</i>		14. MOTHER'S MAIDEN NAME <i>Gertrude</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		17. INFORMANT <i>George W. Michael</i>	
16. SOCIAL SECURITY NO.		ADDRESS <i>4801 Park Heights Ave</i>	

18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma - Colon (Sigmoid Flexure)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>11/4/50</i>
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 4th</i> , 19 <i>50</i> , to <i>Dec 7th</i> , 19 <i>52</i> that I last saw the deceased alive on <i>Dec 7</i> , 19 <i>52</i> , and that death occurred at <i>9.50 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John B. Bubert</i>		23B. ADDRESS <i>4803 Park Heights Ave</i>		23C. DATE SIGNED <i>DEC 10, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 11/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Dried Ridge</i>	
24D. LOCATION (City, town, or county) <i>Pikesville Maryland</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, 503 Spring Byers 5005 Park Heights Ave</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

VS 150

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Page

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18

420
52 11242BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11242

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. GERTRUDE ASLWIG

2. DATE
OF
DEATH

Dec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

HOSPITAL FOR THE WOMEN OF MARYLAND

C. Length of stay in Baltimore

7

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 2, 1883

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

CMEROLL CO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

FRANKLIN ZENTZ

14. MOTHER'S MAIDEN NAME

FLICKINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

CHART

ADDRESS

18. 410X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) BACTERIAL ENDOCARDITIS

4 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) AORTIC & MITRAL INSUFFICIENCY
& STENOSIS

20 yrs

DUE TO

(C) RHEUMATIC HEART DISEASE

20 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 1952, to Dec. 11, 1952, that I last saw the
deceased alive on Dec. 11, 1952, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Hildyard Heard Keimman

M. O.

23B. ADDRESS

WOMAN'S HOSPITAL

23C. DATE SIGNED

12-11-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

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SASIE SC

SASIE SC



516
52 11243BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11243
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALVATORE

LOMBARDO

2. DATE
OF
DEATH Dec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. Length of stay in Baltimore

55

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

40 S. Arlington Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City

13. FATHER'S NAME

Vincent Lombardo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

7/16/1880

9. AGE (In years last birthday)

72

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Nita Bevilacqua

17. INFORMANT

Mrs Antonina Lombardo

ADDRESS

CAUSE OF DEATH

18. E8124

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Crushing injury of chest and abdomen

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Carrollton Ave. west of Lombard St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Dec. 4, 1952 7:05 P. m.

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/15/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1952

John J. Lowan

John J. Lowan

Hollins

VS 151

N-869.2

97093

234

21541 2

21541 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

630
52 11244

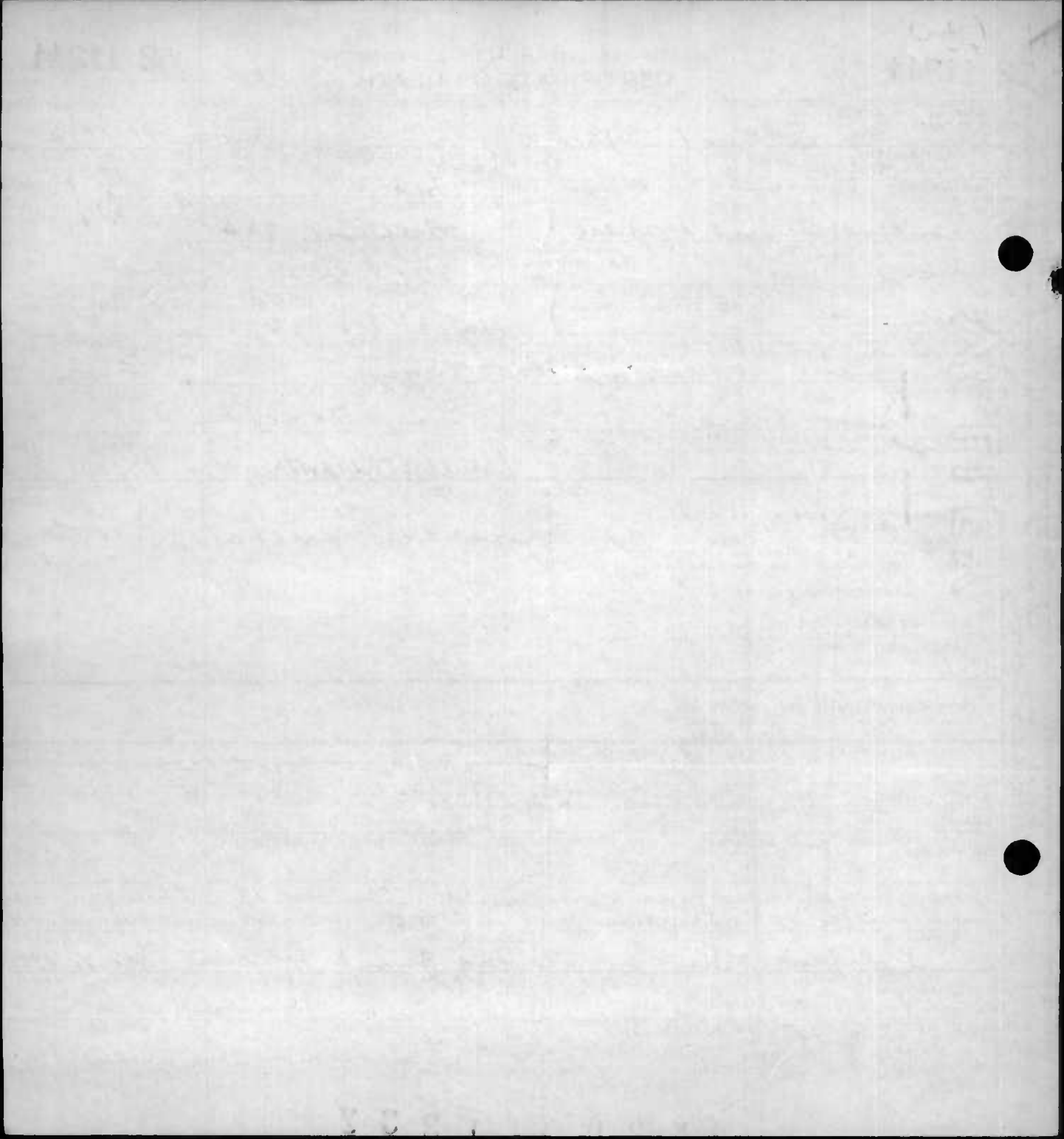
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11244

1. NAME OF DECEASED (Type or Print) <i>Samuel Ward</i>		2. DATE OF DEATH <i>Dec. 11 '1952</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>28-31</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>15</i> Yrs. <i>None</i> Days		D. STREET ADDRESS (If rural, give location) <i>3712 N. Rogers Ave.</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	10. DATE OF BIRTH <i>May 10 '1903</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manager</i>		12. KIND OF BUSINESS OR INDUSTRY <i>Moving Pictures</i>	
13. FATHER'S NAME <i>Samuel Ward</i>		14. MOTHER'S MAIDEN NAME <i>Mary Tomarkin</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Blanche Kirpatrick</i>		ADDRESS <i>Phila Pa</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i> (A) _____ DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec. 4</i> , 1952, to <i>Dec. 11</i> , 1952, that I last saw the deceased alive on <i>Dec. 11</i> , 1952, and that death occurred at <i>2:45 Am.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Eugene J. Liu</i>		23B. ADDRESS <i>Ind. General Hospital</i>	
23C. DATE SIGNED <i>Dec. 11 '1952</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>12-11-1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Philadelphia</i>		24D. LOCATION (City, town, or county) (State) <i>Pa</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Frank Lewis Inc - 2100 Eutan Pl.</i>		ADDRESS	

VS 150

290 FM 37



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11245

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Herbert U. Dove

2. DATE
OF
DEATH

Dec. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Marylander Apartments
St. Paul St. & Univ. Pkwy**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Marylander Apts. St. Paul & Univ. Pkwy.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Insurance Broker

10B. KIND OF BUSINESS OR INDUSTRY

Fire Insurance

13. FATHER'S NAME

Samuel Busey Dove.

8. DATE OF BIRTH

Oct. 23, 1867

9. AGE (in years last birthday)

85

If Under 1 Year Months: Days: Hours: Min.

11. BIRTHPLACE (State or foreign country)

Prince George, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Martha A. Phipps

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Georgia Howard Dove St. Paul & Univ.

18. **450.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Generalized Arteriosclerosis

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Recto-vesical fistula and urinary tract infection

2 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1947**, to **12/10, 1952**, that I last saw the deceased alive on **12/10, 1952**, and that death occurred at **10:30** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George Huntington Williams Jr.

M. O.

1114 St. Paul St.

Dec. 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1952

Huntington Williams, M.D.

John O. Mitchell & Sons Inc. 1900 Eutaw Place

VS 150

MEDICAL CERTIFICATION

1

5 2 0 0

STATEMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Medical Officer		13. Signature of Health Officer		14. Signature of Coroner		15. Signature of Jury	
16. Signature of Witnesses		17. Signature of Burial Officer		18. Signature of Undertaker		19. Signature of Funeral Home		20. Signature of Cemetery	
21. Signature of Burial Officer		22. Signature of Undertaker		23. Signature of Funeral Home		24. Signature of Cemetery		25. Signature of Burial Officer	
26. Signature of Undertaker		27. Signature of Funeral Home		28. Signature of Cemetery		29. Signature of Burial Officer		30. Signature of Undertaker	
31. Signature of Funeral Home		32. Signature of Cemetery		33. Signature of Burial Officer		34. Signature of Undertaker		35. Signature of Funeral Home	
36. Signature of Cemetery		37. Signature of Burial Officer		38. Signature of Undertaker		39. Signature of Funeral Home		40. Signature of Cemetery	
41. Signature of Burial Officer		42. Signature of Undertaker		43. Signature of Funeral Home		44. Signature of Cemetery		45. Signature of Burial Officer	
46. Signature of Undertaker		47. Signature of Funeral Home		48. Signature of Cemetery		49. Signature of Burial Officer		50. Signature of Undertaker	
51. Signature of Funeral Home		52. Signature of Cemetery		53. Signature of Burial Officer		54. Signature of Undertaker		55. Signature of Funeral Home	
56. Signature of Cemetery		57. Signature of Burial Officer		58. Signature of Undertaker		59. Signature of Funeral Home		60. Signature of Cemetery	
61. Signature of Burial Officer		62. Signature of Undertaker		63. Signature of Funeral Home		64. Signature of Cemetery		65. Signature of Burial Officer	
66. Signature of Undertaker		67. Signature of Funeral Home		68. Signature of Cemetery		69. Signature of Burial Officer		70. Signature of Undertaker	
71. Signature of Funeral Home		72. Signature of Cemetery		73. Signature of Burial Officer		74. Signature of Undertaker		75. Signature of Funeral Home	
76. Signature of Cemetery		77. Signature of Burial Officer		78. Signature of Undertaker		79. Signature of Funeral Home		80. Signature of Cemetery	
81. Signature of Burial Officer		82. Signature of Undertaker		83. Signature of Funeral Home		84. Signature of Cemetery		85. Signature of Burial Officer	
86. Signature of Undertaker		87. Signature of Funeral Home		88. Signature of Cemetery		89. Signature of Burial Officer		90. Signature of Undertaker	
91. Signature of Funeral Home		92. Signature of Cemetery		93. Signature of Burial Officer		94. Signature of Undertaker		95. Signature of Funeral Home	
96. Signature of Cemetery		97. Signature of Burial Officer		98. Signature of Undertaker		99. Signature of Funeral Home		100. Signature of Cemetery	

52 11246

RB 150753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11246

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George E. Spangenberg

2. DATE
OF
DEATH

Dec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

404 S. Pulaski Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 4, 1890

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

OIL REFINING

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Spangenberg

14. MOTHER'S MAIDEN NAME

Barbara KESTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: Baltimore City Hospitals
4940 Eastern Avenue

18.

002X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular disease

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bilateral Pulmonary tuberculosis, far advanced

DUE TO

2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7-26-1951 to 12-11-1952 that I last saw the deceased alive on 12-11-1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-15-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1952

Huntington Williams, M.D.

GEO. L. Schwab 2101 Frederick Ave

VS 150 952

97845

1230

Physicians: Please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form 1

LANDS OF THE UNITED STATES
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.

SECTION 1

THIS LAND IS BEING OFFERED FOR SALE
IN ACCORDANCE WITH THE ACT OF MARCH 3, 1879
AS AMENDED BY THE ACT OF MARCH 3, 1891

THE LAND IS BEING OFFERED FOR SALE

IN ACCORDANCE WITH THE ACT OF MARCH 3, 1879

AS AMENDED BY THE ACT OF MARCH 3, 1891

THE LAND IS BEING OFFERED FOR SALE

IN ACCORDANCE WITH THE ACT OF MARCH 3, 1879

AS AMENDED BY THE ACT OF MARCH 3, 1891

THE LAND IS BEING OFFERED FOR SALE

IN ACCORDANCE WITH THE ACT OF MARCH 3, 1879

AS AMENDED BY THE ACT OF MARCH 3, 1891

652
52 11247

52 11247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mrs. Mary E. Barnes</i>			2. DATE OF DEATH <i>Dec. 9, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Barn Secours Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-31</i>		
C. Length of stay in Baltimore <i>58 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>400 Co. Green Rd.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	B. DATE OF BIRTH <i>7/4/94</i>	9. AGE (in years last birthday) <i>58</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saleslady</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Dept. Store</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Jefferson P. Lindeman</i>			14. MOTHER'S MAIDEN NAME <i>Mary E. Finnerty</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Mrs Sarah Jelly</i>			ADDRESS <i>same</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>	CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Occlusion</i>	(B) <i>Coronary Occlusion</i> DUE TO	
(C) _____		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *12/5*, 19*52*, to *12/9*, 19*52*, that I last saw the deceased alive on *12/8*, 19*52*, and that death occurred at *6:15 PM*, *12/9/52*, from the causes and on the date stated above.

23A. SIGNATURE <i>Herbert W. Lane</i>	M. D.	23B. ADDRESS <i>13 on Secoma House</i>	23C. DATE SIGNED <i>12/9/52</i>
--	-------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 12, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Joseph's Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Texas, Balt. Co., Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John Barred Sons, Towson, Md.</i>	ADDRESS

DEC 14 1952

1952 4806F 1240

TABLE 1

TABLE 1

TABLE 1

TABLE 1

TABLE 1

656
52 11248BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11248
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Johanna H. Werner)

Werner, Mrs. Johanna

2. DATE
OF
DEATH

Dec 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home and Hospital

C. Length of stay in Baltimore

28 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Franz Flick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

TOWSON

D. STREET ADDRESS (If rural, give location)

RFD #6 Cub Hill Road

8. DATE OF BIRTH

12/13/93

9. AGE (In years
last birthday)

58

If Under 1 Year
Months Days

11 27

If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Christine Regina Dubus

17. INFORMANT

ADDRESS

Dr. Louis Werner-Cub Hill Rd. Balto: Co. Md.

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Squamous Cell Carcinoma of

DUE TO

Cervix

2 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov 13, 1952

19B. MAJOR FINDINGS OF OPERATION

Intestinal Obstruction due to Carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 1952, to 12/10, 1952, that I last saw the
deceased alive on 12/10, 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Reed Carroll M. D.

23B. ADDRESS

Church Home and Hospital

23C. DATE SIGNED

12/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-13-1952

24C. NAME OF CEMETERY OR CREMATORY

Morelands Memorial Park

24D. LOCATION (City, town, or county)

Taylor Ave. Balto: Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth Inc. - 1735 Harford Ave

George J. Ruth Inc.

VS 150

2001 31

UNITED STATES DEPARTMENT OF JUSTICE

CRIMINAL DIVISION

RECEIVED

8

UNITED STATES DEPARTMENT OF JUSTICE

CRIMINAL DIVISION

UNITED STATES DEPARTMENT OF JUSTICE

UNITED STATES DEPARTMENT OF JUSTICE

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UNITED STATES DEPARTMENT OF JUSTICE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11249
Registered No.

52 11249
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard M. Orem

2. DATE
OF
DEATH

December 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Edgewood Nursing Home
6000 Bellona Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2728 Prospect Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

About 1882

9. AGE (in years last birthday)

About 70

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Navy Yard

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Viola Ness, 420 Shipley Rd. Linthicum Hgts

ADDRESS

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Central thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio-sclerosis

DUE TO

(C)

"Sanctity"

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

None

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

m.

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from March, 1948, to Dec 10, 1952, that I last saw the deceased alive on Dec 10, 1952, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Orbin Street

23B. ADDRESS

717 Park Ave.

23C. DATE SIGNED

11 Dec 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

12/13/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

DEC 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stm. Cook, Inc.,

ADDRESS

1217 St. Paul Street

52 11250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11250

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martin Maloney

2. DATE
OF
DEATH

12/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address of
HOSPITAL OR location)
University Hospital

c. Length of stay in Baltimore

27
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1909

9. AGE (In years
last birthday)

43

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none -

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Christopher

14. MOTHER'S MAIDEN NAME

Anna Mulgrew

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL
SECURITY NO.

17. INFORMANT

Patent

ADDRESS

same

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Marie Strumpeli disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/13/52

19B. MAJOR FINDINGS OF OPERATION

Lung 5/10/52 - Arteritis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1952, to 12/9, 1952, that I last saw the
deceased alive on 12/9, 1952, and that death occurred at 10:52 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rowena C. Kramer

M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Bok Inc. 1217 St. Paul St.

Letter from Dr. Thomas M. Arrington, Med. Supt.,
in Document file stating Mr. Maloney's residence
previous to hospitalization

correct age is especially important. Physicians write the causes of death clearly and legibly.

200

52 11251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11251
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mrs. Margaret A. Busch</u>			2. DATE OF DEATH <u>Dec. 11, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore City, Md.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Union Memorial Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>8-04</u>		
c. Length of stay in Baltimore Yrs. <u>44</u> Mos. <u>4</u> Days			D. STREET ADDRESS (If rural, give location) <u>2326 E. Preston St. Bkch 13, Md.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 4, 1879</u>	9. AGE (In years last birthday) <u>73</u>	10. Under 1 Year Months: <u>11</u> Days: <u>11</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>		
13. FATHER'S NAME <u>Otto Schuster</u>			14. MOTHER'S MAIDEN NAME <u>Eva Seipp</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Never in service</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Edwin Busch, 3139 Clifflmont Ave.</u>			ADDRESS		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Dec. 9.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive cardio-vascular disease</u>		<u>In</u> <u>Dec. 11.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>-</u>		19B. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>-</u>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>-</u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>-</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 9.</u> , 19 <u>52</u> , to <u>Dec. 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec. 11</u> , 19 <u>52</u> , and that death occurred at <u>1:10 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W.A. Cracraft</u>		23B. ADDRESS <u>Union Memorial Hospital</u>		23C. DATE SIGNED <u>Dec. 11.</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12/13/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Moreland Park</u>	24D. LOCATION (City, town, or county) (State) <u>Parkville, Maryland</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 12 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>William Cook, St. Paul - Prohm</u>			

VS 150

144-8080

1952001244

STATE OF OHIO

1881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11252
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LARS

TAULE

2. DATE
OF
DEATH

Dec. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

August 6, 1934

9. AGE (In years
last birthday)

18

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY
S. S. Ronda

11. BIRTHPLACE (State or foreign country)

Norway

12. CITIZEN OF
WHAT COUNTRY?
Norway

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Norwegian Consulate, Stewart Building

18. E852 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Craniocerebral injury

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Ship

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

S.S. Rund, Pier #5, Locust Point

21D. TIME (Month) (Day) (Year) (Hour)

Dec. 10, 1952 6:00 P.m.

21E. INJURY OCCURRED

WHILE AT ☒ WORK NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Slipped & fell 24' while climbing down ladder into hold of ship

22. I certify that I took charge of the remains described above, held an Autopsy thercon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Dec. 11, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremation

24B. DATE

12/12/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Arm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 151

N-856.0

67355

245

1951 12

1951 12

1951 12



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

630

52 11253

Hord
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11253
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hardy Summie</i>			2. DATE OF DEATH <i>12-9-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i> <i>19-02</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1510 W. FAIRMOUNT AVE.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>11/2/1884</i>		9. AGE (In years last birthday) <i>68</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Gen</i>	11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Ethel Hord</i>			14. MOTHER'S MAIDEN NAME <i>P. Carpenter</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Lillian Hord. 1510 W. Fairmount Ave.</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>CARDIO-RESPIRATORY FAILURE</i> DUE TO (B) <i>CORONARY INSUFFICIENCY</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9 Dec*, 1952, to *9 Dec*, 1952, that I last saw the deceased alive on *9 Dec*, 1952, and that death occurred at *12 Noon*, from the causes and on the date stated above.

23A. SIGNATURE <i>John Sharrett</i>	23B. ADDRESS <i>University Hospital</i>	23C. DATE SIGNED <i>9 Dec '52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/12/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>
24D. LOCATION (City, town, or county) (State) <i>Brooklyn, Md.</i>	25. FUNERAL DIRECTOR <i>Charles A. Rice</i>	ADDRESS <i>661 W. Barre St.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 12 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	

VS 150

97099

9520011200

1951 52

1951 52

1951 52



52 11254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11254

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond R. Wilson

2. DATE
OF
DEATH

Dec-11-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission

A. STATE

B. COUNTY

Ohio

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Massillon

D. STREET ADDRESS (If rural, give location)

121 Fourth St. N.E.

c. Length of stay in Baltimore

4

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2-18-07

9. AGE (In years
last birthday)

45

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Controller

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James R. Wilson

14. MOTHER'S MAIDEN NAME

Mary B. Palston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 527.11

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary emphysema, probably
primary

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cor pulmonale, chronic, &
congestive heart failure

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12-5 to 12-11, 1952, that I last saw the
deceased alive on 12-11, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Norman P. Shaver

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-11-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Dec. 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

New Concord, Ohio

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons 1900 Euter Pl.

DEC 12 1952

VS 150

1952 290 11247

MEDICAL CERTIFICATION

1911

REPORT OF THE BOARD OF HEALTH
CITY OF BOSTON

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

1911

3-530
52 11255BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11255
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BOND, AUSTIN H.

2. DATE
OF
DEATH

11 DEC '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

FRANKLIN SQ. HOSP.

C. Length of stay in Baltimore

1

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND, BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1607 POTOMAC AVE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3/5/1891

9. AGE (In years
last birthday)

61

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHECKER

10B. KIND OF BUSINESS OR
INDUSTRY

WEST. MD DAIRY

13. FATHER'S NAME

JOHN W.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

ANNA SCHULTZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

—

—

16. SOCIAL
SECURITY NO.

216-103465

17. INFORMANT

ADDRESS

RUTH T. BOND 2124 WILKENS AVE

1B. 420.0 and 153X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) DUE TO

PULMONARY EDEMA

4⁺ days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) MYOCARDIAL FAILURE

5⁺ days

(C) ARTERIOSCLEROTIC HEART DISEASE 2 YRS.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES; CARCINOMA OF LARGE BOWEL

19A. DATE OF OPERATION

2 DEC '52

19B. MAJOR FINDINGS OF OPERATION

RECTOSIGMOID CARCINOMA

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 10 DEC., 1952, to 11 DEC., 1952, that I last saw the
deceased alive on 11 DEC 19 52 and that death occurred at 2:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Leon W. Dan, M.D.

M. D.

23B. ADDRESS

68 FRANKLIN SQ. HOSP

23C. DATE SIGNED

11 DEC 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/13/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952

Huntington Williams, M.D. Paul E. Chénovitz, 2605 17th Street
VS 150

25 11025

25 11025



52 11256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11256

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cecarime E. Maymon

2. DATE
OF
DEATH

Dec-9-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Oscar

Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Feb. 5, 1892

9. AGE (In years last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Emma

Lewis

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 456 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

ASPIRATION PNEUMONIA

4 HRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CEREBRAL HEMORRHAGE

24 HRS.

DUE TO

(C)

? PERIARTERITIS NODOSA

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

NONE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9-1952 to 12-9-1952 that I last saw the deceased alive on 12-9-1952 and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Carlton L. Sexton

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/12/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto. 17, Md

VS 150

52 11257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11257

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM E. TICKNER

2. DATE
OF
DEATH

Dec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONLong Green Nursing Home
Bellona & Melrose Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

formerly of 2701 Roslyn Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar. 14, 1866

9. AGE (in years

last birthday)

86

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

President

10B. KIND OF BUSINESS OR INDUSTRY

Funeral Directors

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William J. Tickner

14. MOTHER'S MAIDEN NAME

Margaret Pumphrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-09-1369

17. INFORMANT

ADDRESS

Rd.

Mr. C. Howard Tickner, Sr.-226 St. Dunstons

18. 584x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Acute Congestive Cardiac Failure
Arterio Sclerotic Cardiac disease4 days
3 yearsSaid Stone & Chronic Colic
Asthma

2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1931, to 12-11-1952, that I last saw the deceased alive on 12-11-1952, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/13/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1952

Huntington Hollister, M.D.

Chas. J. Tickner & Sons

VS 150

195202112000
Baltimore 17, Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-11258

52-11258

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN BARTH SCHROTH

2. DATE
OF
DEATH

December 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

910 Wilmington Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 25, 1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Souder

14. MOTHER'S MAIDEN NAME

Helen Barth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)
- no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. Louis W. Schroth - 910 Wilmington Ave.

18. E 912.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary embolus

X

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Thrombophlebitis of left iliac vein

X

(C) Fracture of left hip

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Bank

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)Eutaw Savings Bank, Baltimore & Eutaw
Sts.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 28, 1952 12:15 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Thrown to ground in revolving door

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William L. Lickner

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

M.D.

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Dec. 11, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/13/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

26 m. J. Lickner & Sons

Balto 17, Md.

VS 151

N-820.0

52-11258

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

The

and V. M. Smith
Belle, N. Y. 1880

52 11259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11259

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN HENRY ZINK

2. DATE
OF
DEATH

Dec. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1400 N. Caroline St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore

6 1/2 months

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

901 S. Conklin Street - 24

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

October 17, 1889 63

9. AGE (in years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Maryland, Cockeysville

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

George Zink

14. MOTHER'S MAIDEN NAME

Ella B. Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

220-01-0248

17. INFORMANT

ADDRESS

Margaret M. Zink 901 S. Conkling St

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease with Congestive Heart Failure

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 9th, 1952, to Dec. 10th, 1952, that I last saw the deceased alive on Dec. 10, 1952, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles S. Feiler

23B. ADDRESS

M. D.

1400 N. Caroline Street -13

23C. DATE SIGNED

Dec. 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-13-52.

24C. NAME OF CEMETERY OR CREMATORY

Sherwood E.P. Cemetery

24D. LOCATION (City, town, or county)

Cockeysville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952

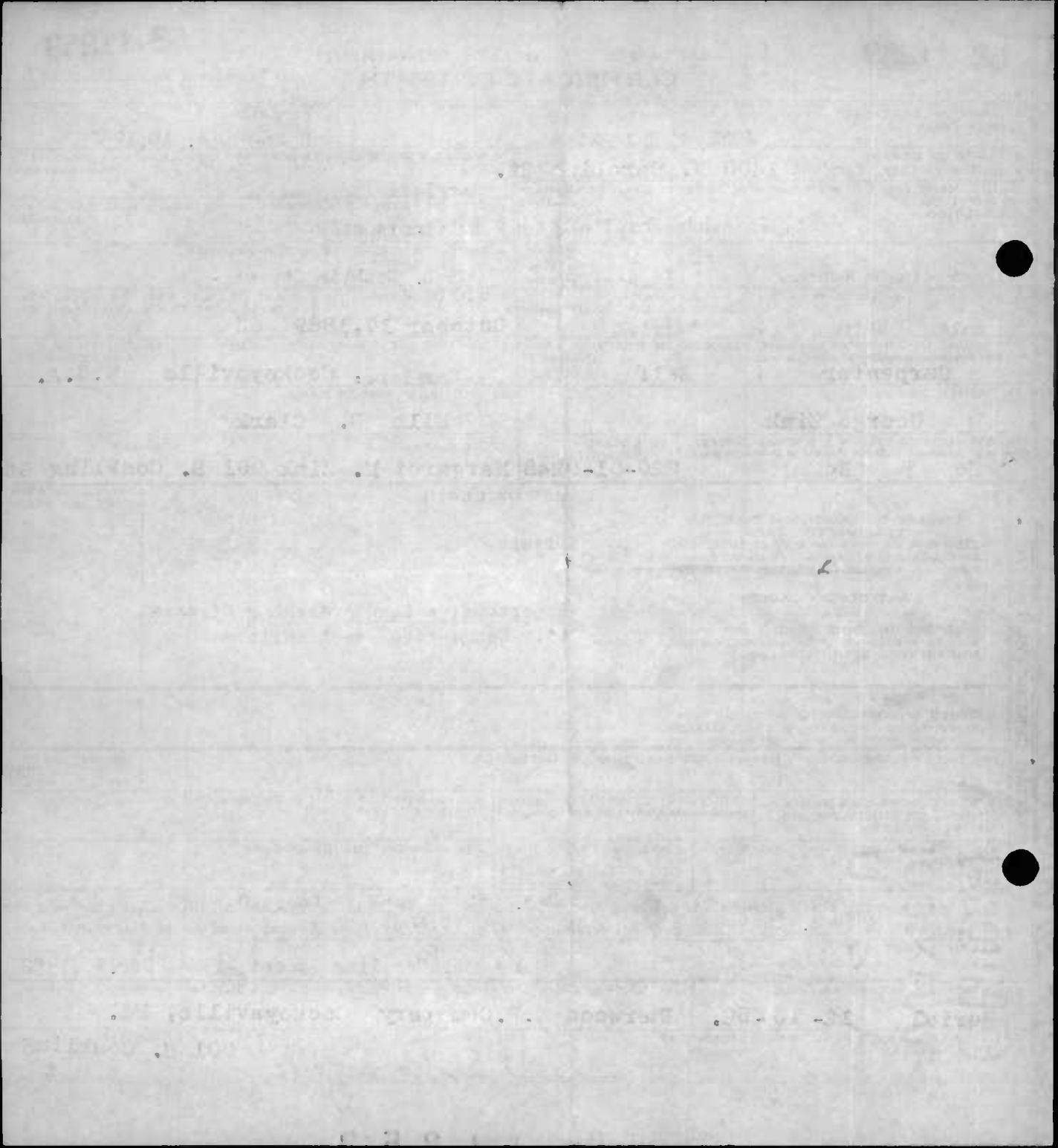
Huntington Williams, M.D.

Charles S. Feiler

901 S. Conkling

VS 150

51024



420
52 11260BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11260
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAX C. HILSE			2. DATE OF DEATH Dec. 9, 1952.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3920 Foster Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-07		
C. Length of stay in Baltimore About 45 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3920 Foster Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 3, 1884		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10B. KIND OF BUSINESS OR INDUSTRY Esskay Co.		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Hilse (M)		14. MOTHER'S MAIDEN NAME Katherine Schuman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-05-2500		17. INFORMANT ADDRESS Anna Kilse 3920 Foster Ave.	

MEDICAL CERTIFICATION	18. 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Liver DUE TO		CAUSE OF DEATH Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH Unknown
	19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. German Syphilis DUE TO				
	20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. German Syphilis				Unknown
	21A. DATE OF OPERATION None		21B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from Aug 11, 1952 to Dec 9, 1952 , that I last saw the deceased alive on Dec 8, 1952 and that death occurred at 8:30 A.M. from the causes and on the date stated above.				
	23A. SIGNATURE Jason W. Gaskel		23B. ADDRESS 637 S. Conkling St.		23C. DATE SIGNED Dec. 11, 1952
	24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-12-52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
	24D. LOCATION (City, town, or county) (State) 3310 Taylor Ave., Ba. Co. Md.		24E. FUNERAL DIRECTOR Charles S. Zeiler		24F. ADDRESS 901 S. Conkling St.

DEC 12 1952 VS 150
69040

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11261
Registered No.

52 11261
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary T. Rich			2. DATE OF DEATH Dec. 10/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 108 Allendale St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1888	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME -----Hall			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Harry J. Rich, 108 Allendale St.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertension	CAUSE OF DEATH Cerebral Hemorrhage Hypertension	INTERVAL BETWEEN ONSET AND DEATH 4 hr
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8-16-53 , 19 53 , to 12-10-54 , 19 54 , that I last saw the deceased alive on 12-8-54 and that death occurred at 12-10-54 m., from the causes and on the date stated above.				
23A. SIGNATURE Harry J. Rich		23B. ADDRESS 2203 Edmondson	23C. DATE SIGNED 12-11-54	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 13/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry F. Nuttall	ADDRESS 4101 Edmondson Ave.
--	---	---	---------------------------------------

1981

CERTIFICATE OF MARRIAGE

1981

DATE OF MARRIAGE

1981
10-10-81
10-10-81

10-10-81

10-10-81

10-10-81

10-10-81

10-10-81

1-452
52 11262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11262

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VASTI

WILLIAMS

2. DATE
OF
DEATH

Dec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

61 Yrs.
Mos.
Days

8. DATE OF BIRTH

Sept 12-1891

9. AGE (in years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

domestic

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Robert Anderson

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ogden Fontaine 1307 N. Fremont

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED Dec. 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952

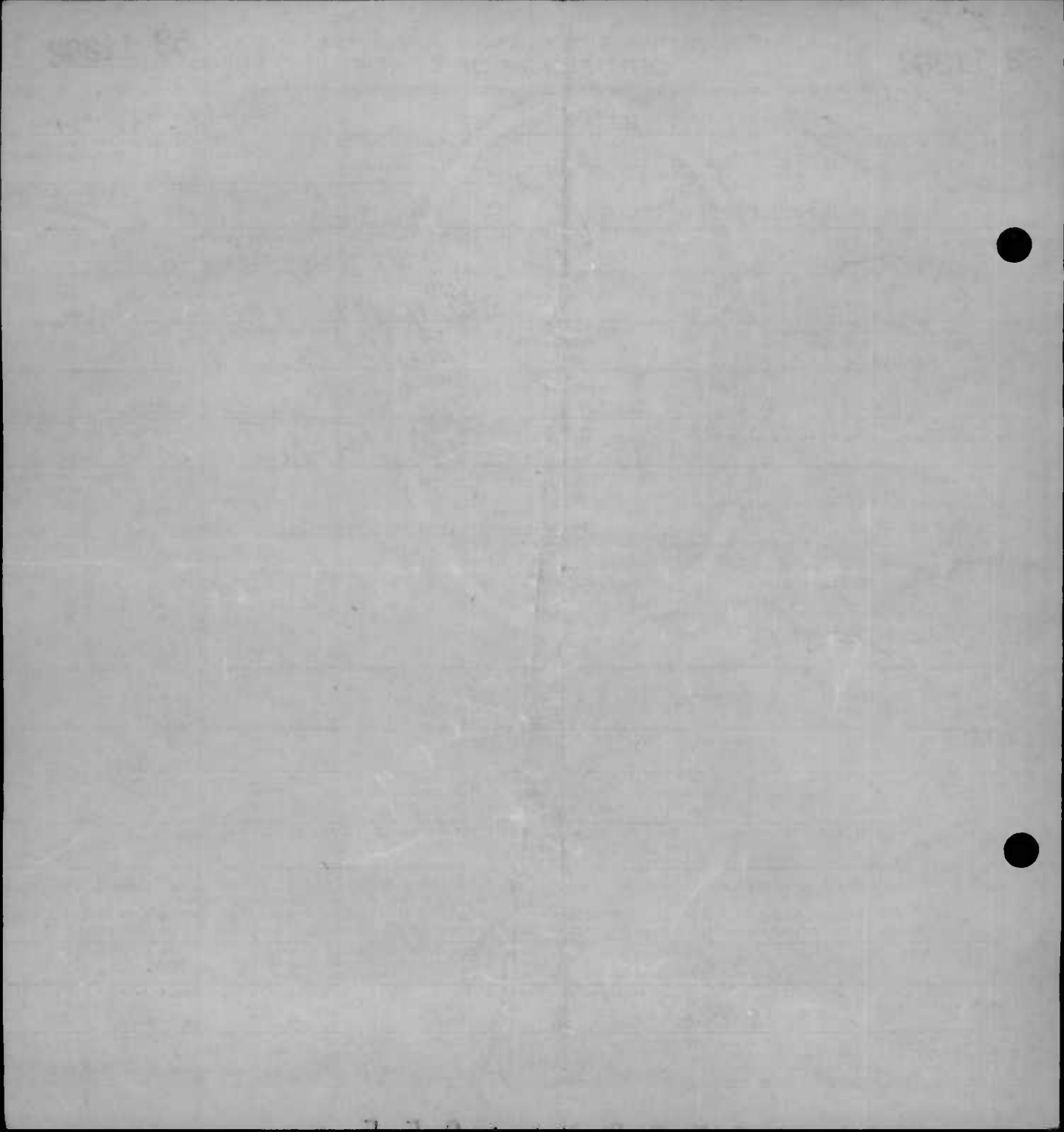
Huntington Williams, M.D.

12 Brooks Ruggles 1463 N. Chrys

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7208A

correct age is especially important. Physicians please write the causes of death clearly and legibly.



546
52 11263BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11263

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dorothea Heimiller

2. DATE
OF
DEATH Dec 12 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Melchoir Nursing Home

2327 N. Charles St

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4512 Springdale Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 17 1878

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Heimiller

14. MOTHER'S MAIDEN NAME

Wilhelmina Broemer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lula Heimiller 4512 Springdale Ave

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

MYOTONIC DYSTROPHY

2 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

DIABETES HEMIPLEGIA

3 YRS.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NOV 15 - 1952

19B. MAJOR FINDINGS OF OPERATION

MYOTONIC DYSTROPHY L2 LFC - (CANCER)

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on DEC. 12, 1952 and that death occurred at 2:30 AM from the causes and on the date stated above.

23A. SIGNATURE

Stewart D. Soren

23B. ADDRESS

201 EAST 33RD ST.

23C. DATE SIGNED

12/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 15 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 12 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4204 Ridgewood Ave

201 E 33rd

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SPR 1 S

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250
52 11264BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11264
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) ALBERT OTIS LUCKHAM			2. DATE OF DEATH Dec. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Virginia B. COUNTY V-43					
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman pk. Drive & 31st street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weems					
c. Length of stay in Baltimore ? 12 days			D. STREET ADDRESS (If rural, give location)					
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/4/84	9. AGE (In years last birthday) 68	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman			10B. KIND OF BUSINESS OR INDUSTRY Seafarer			11. BIRTHPLACE (State or foreign country) Va.		
13. FATHER'S NAME John R. Luckham			14. MOTHER'S MAIDEN NAME Naomi Thompson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?			16. SOCIAL SECURITY NO. ?			17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Tuberculosis of lung, far advanced, active DUE TO (A) Tuberculosis of lung, far advanced, active DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 5-6 mos.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov. 30 , 19 52 , to Dec. 12 , 19 52 , that I last saw the deceased alive on Dec. 12 , 19 52 , and that death occurred at 7 A m., from the causes and on the date stated above.								
23A. SIGNATURE J.A. Hunter J.A. Hunter, Clinical Director			23B. ADDRESS US PHS Hospital, Balto, Md.			23C. DATE SIGNED 12/12/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 12 - 14 - 52			24C. NAME OF CEMETERY OR CREMATORY ?		
24D. LOCATION (City, town, or county) (State) near Kilmarnock, Va.								
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1952			REGISTRAR'S SIGNATURE Huntington Williams, MD			25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc., 1900 Eutaw Place MA B Mitchell		

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

correct age is especially important. Physicians write the causes of death carefully and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 11285**

352
52 11285
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR Milton Tydings			2. DATE OF DEATH 12-12-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Church Home + Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-47		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3015 Ggans Falls Parkway Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH April 16 - 1880		9. AGE (in years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Building Contractor	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Horatio Tydings			14. MOTHER'S MAIDEN NAME Julia E Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Son 4605 Bkely Rd. BLT.		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Pulmonary Edema			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Myocardial Fibrosis			
		DUE TO			
		(C) Arteriosclerotic H.P.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Bilateral Inguinal Herniae			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-16 , 19 52 , to 12-12 , 19 52 , that I last saw the deceased alive on 12-12 , 19 52 and that death occurred at 4:05 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Jack C Collins		23B. ADDRESS Church Home + Hosp		23C. DATE SIGNED 12-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12 - 15 - 52		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) (State) Brooklyn, A.A.Co., Md.		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place			
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR M B Mitchell	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

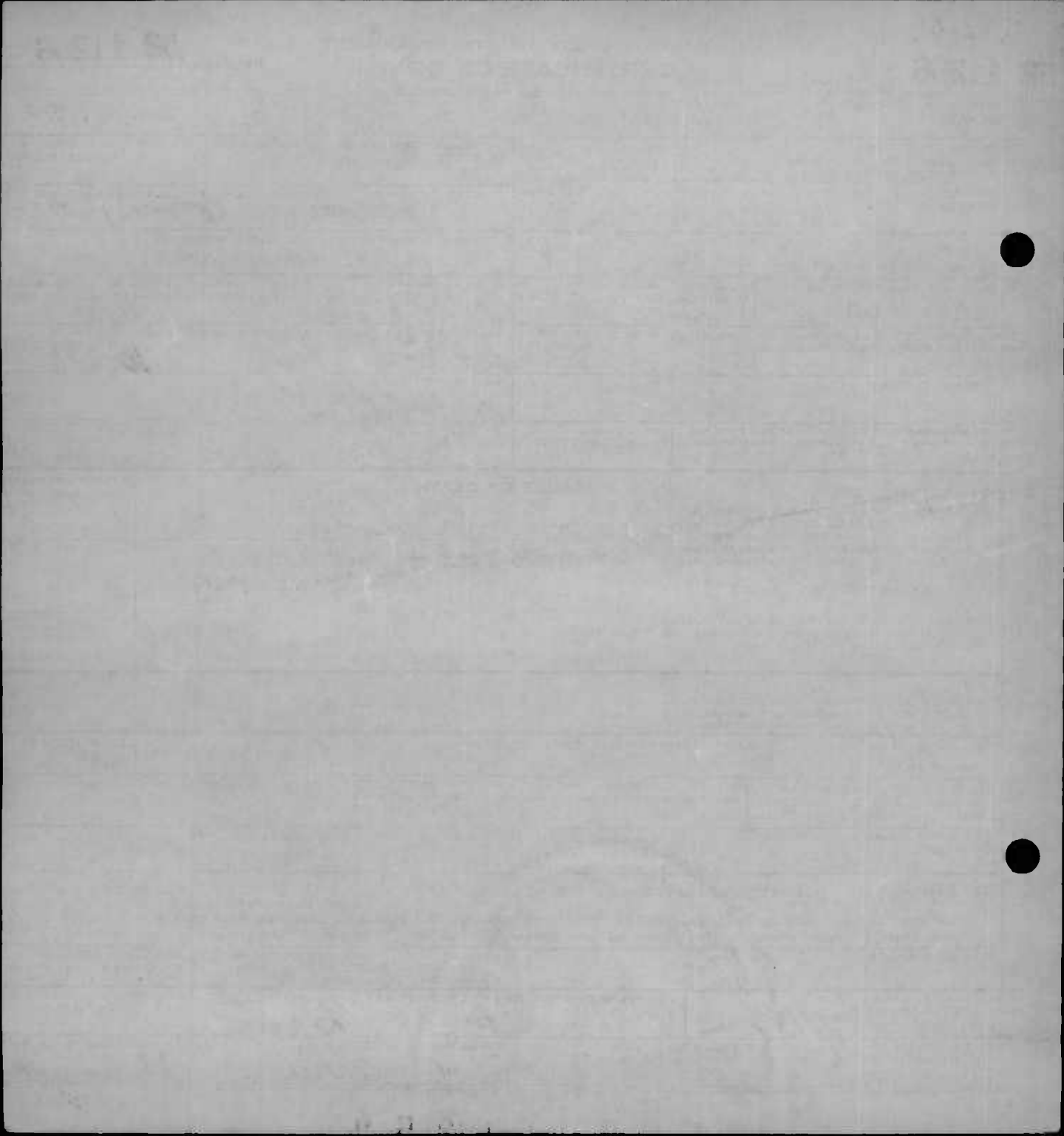
Registered No. **52 11266**

BIRTH NO. **52 11266** **5-2-26823**

1. NAME OF DECEASED (Type or Print) BARBARA TOWNES		2. DATE OF DEATH Dec. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 611 W. Saratoga Street			
5. Length of stay in Baltimore			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 31, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 40
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Dorothy Townes		11. BIRTHPLACE (State or foreign country) Balto. Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Lula Townes		ADDRESS 611 W. Saratoga St	

18. 525 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitial pneumonitis (A) Interstitital pneumonitis DUE TO Micrococcus pyogenes var. aureus (hemolytic)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/13/1952		24C. NAME OF CEMETERY OR CREMATORY W. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR Mrs. Kate R. Williams		24F. ADDRESS 322 N. ...	
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Kate R. Williams	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11287**

BIRTH NO. **400**

1. NAME OF DECEASED
(Type or Print)

SUSIE G. BELL

2. DATE OF DEATH **Thurs. Dec. 11, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2327 N. Charles Street

E. Length of stay in Baltimore **About 63 yrs.**

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 27, 1866

9. AGE (In years last birthday)

86

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Caroline Co., Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John H. George

14. MOTHER'S MAIDEN NAME

Elizabeth H. Husband

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT **Mrs. Anna B. Frampton (Sister)** ADDRESS **5337 Walnut St., W. Philadelphia 39, Pa.**

18. **4 yr. 1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED **Dec. 11, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE **Dec. 13, 1952**

24C. NAME OF CEMETERY OR CREMATORY **Leody Hill Cem.**

24D. LOCATION (City, town, or county) **Brooklyn, D.C., Md.**

(State)

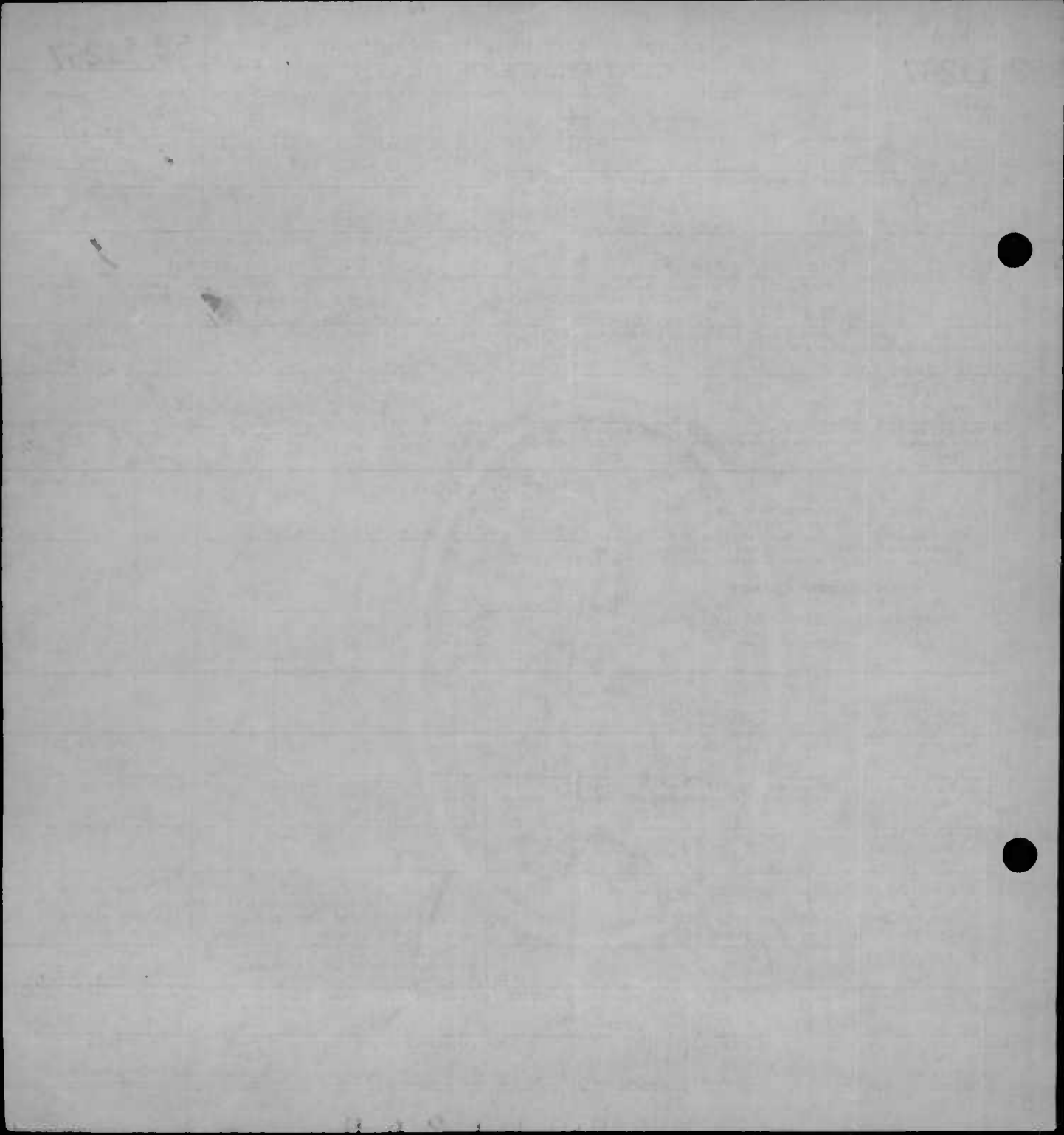
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952
H. H. Williams, M.D.
14005 Charles St. Balt. 30 Md.



400
52 11268BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11268

BIRTH NO. E.W. 165751

1. NAME OF DECEASED
(Type or Print)

William H. Ely

2. DATE
OF DEATHDec. 19
12-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospital

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #22

DUNDALK

D. STREET ADDRESS (If rural, give location)

2900 Yorkway

c. Length of stay in Baltimore

32 Yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 9 1872

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Laborer

10B. KIND OF BUSINESS OR INDUSTRY

General

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

218-10-2835

17. INFORMANT ADDRESS
Records; Baltimore City Hospital
4940 Eastern Avenue

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Urinary Bladder

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Left Ventricular Aneurysm

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-10, 1952, to 12-11, 1952, that I last saw the deceased alive on 12-11, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. J. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave. Baltimore Md.

23C. DATE SIGNED

12/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952

Huntington Williams, M.D.

St. Paul's Reformed Church, Balto., Md.

VS 150

14005. Clerk St - Balto 30, Md.

1-31

512
52 11289BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11289

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John W. Thompson

2. DATE
OF
DEATH

12/10/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

104 N. Schroeder St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY (before admission)

C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

104 N. Schroeder St

5. SEX

Male

6. COLOR OR RACE

Cal

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/12/1918

9. AGE (In years
last birthday)

35

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Contractor

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

La Grange, N.C.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Chestee Thompson

14. MOTHER'S MAIDEN NAME

Elain Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Nancy Thompson - 3730 Rigg Ave

ADDRESS

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of stomach

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Compression fracture L5 vertebra

2 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2-1952 to 12-10-1952, that I last saw the
deceased alive on 12-10-1952, and that death occurred at 1:34 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Garland Phinell M. D.

23B. ADDRESS

1038 Edmondson

23C. DATE SIGNED

12-13-52

24A. BURIAL, CREMA-
TION/REMOVAL (Specify)

Burial

24B. DATE

12/13/52

24C. NAME OF CEMETERY OR CREMATORY

Kingston

24D. LOCATION (City, town, or county)

N. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Harrington Williams, M.D.

25. FUNERAL DIRECTOR

Charles A. Rice 661 W. Bane

ADDRESS

STATE OF TEXAS
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of hospital		19. Signature of nursing home		20. Signature of other institution	
21. Signature of other institution		22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution		28. Signature of other institution	
29. Signature of other institution		30. Signature of other institution		31. Signature of other institution		32. Signature of other institution	
33. Signature of other institution		34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution		40. Signature of other institution	
41. Signature of other institution		42. Signature of other institution		43. Signature of other institution		44. Signature of other institution	
45. Signature of other institution		46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution		52. Signature of other institution	
53. Signature of other institution		54. Signature of other institution		55. Signature of other institution		56. Signature of other institution	
57. Signature of other institution		58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution		64. Signature of other institution	
65. Signature of other institution		66. Signature of other institution		67. Signature of other institution		68. Signature of other institution	
69. Signature of other institution		70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution		76. Signature of other institution	
77. Signature of other institution		78. Signature of other institution		79. Signature of other institution		80. Signature of other institution	
81. Signature of other institution		82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution		88. Signature of other institution	
89. Signature of other institution		90. Signature of other institution		91. Signature of other institution		92. Signature of other institution	
93. Signature of other institution		94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution		100. Signature of other institution	

52 11270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11270
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Roy

2. DATE
OF
DEATH

Dec-11-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

LIFE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

NO NONE

218-18-9583

JOHNS HOPKINS HOSPITAL

18. 465X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Embolism

1 day?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

Gastric Ulcer

6 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-14, 1952 to 12-11, 1952 that I last saw the
deceased alive on 12-11, 1952, and that death occurred at 12 noon from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George A. Edwards M.D.

JOHNS HOPKINS HOSPITAL

12-11-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

12/14/52

MT. AUBURN CEM.

BALTIMORE, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952

Huntington Williams, M.D.

CHARLES G. COOPER-512 CARROLLTON AV

VS 150

643 53

Charles G. Cooper

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1951

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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52 11271

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11271
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vincent Heppi

2. DATE
OF
DEATH

Dec 11-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1531 Burnwood Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

27-09

D. STREET ADDRESS (If rural, give location)

1531 Burnwood Rd

C. Length of stay in Baltimore

40 yrs.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 16-1886

9. AGE (in years
last birthday)

66

10. Under 1 Year
Months: Days: Hours: Min.

3 25

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

fruit dealer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sicily Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Heppi

14. MOTHER'S MAIDEN NAME

Elina Battaglia

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Theresa Bienen 1531 Burnwood Rd.

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Ca metastases.

1 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Ca. of lung.

3 mo.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Oct 5, 1952 to Dec 11, 1952, that I last saw the
deceased alive on Nov 15, 1952, and that death occurred at 10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. R. Freeman Jr.

M. D.

11W. 29th St.

Dec 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec 15-1952

New Cathedral Cem

Old Federal Rd Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952

Huntington Williams, M. Joseph Garace Inc. 712-14 E. North Ave

VS 150

25-22986A, 26A

1911

DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1911

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1911

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CORRECTED JAN 21, 1953 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11272

BIRTH NO. 48-16626

1. NAME OF DECEASED (Type or Print) Shirley Buettner		2. DATE OF DEATH Nov. 10, 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 11211 3 E		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY 1-65	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 420 S. Patterson Ph. Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-24-48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Wm. Buettner		14. MOTHER'S MAIDEN NAME Dorothy - Leveck	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 289.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction Lipodystrophy		INTERVAL BETWEEN ONSET AND DEATH life
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. probably Gaucher's disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov 24, 1952 to Dec. 10, 1952 that I last saw the deceased alive on Dec. 10, 1952 and that death occurred at 2:30 m., from the causes and on the date stated above.				
23A. SIGNATURE Wm. H. Leveck		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-13-52	24C. NAME OF CEMETERY OR CREMATORY St. James	24D. LOCATION (City, town, or county) (State) Balto - Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1952	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR Hilly + Zahner 403 S. W. Ave	
VS 150 52001 P205			

Dr. Janet B. Hardy, Director, Bureau of Child Hygiene
spoke to Dr. Siedel, Resident in Harriet Lane, JHHH
by phone and from autopsy findings corrected original cause.

Original cause was questioned, because of age of decedent,
when monthly report to Maryland State Department of Health
was received by them from the Baltimore City Health Department
E. Steman, Clerk

416
52 11273

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11273
Registered No.1. NAME OF DECEASED
(Type or Print)

ANNA R. WOELPER

2. DATE
OF
DEATH

December 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5408 Narcissus Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5408 Narcissus Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

August 8, 1882

9. AGE (in years
last birthday)

70

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hanley

14. MOTHER'S MAIDEN NAME

Ella unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nelson G. Woelper, 5408 Narcissus Avenue

18. 470 1 road 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

2 Mos.

DUE TO Arteriosclerosis

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

10 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Nov. 15, 1952 to Dec. 11, 1952, that I last saw the
deceased alive on Dec. 9, 1952, and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

12/15/52

Woodlawn Cemetery

Woodlawn,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952

Huntington Williams, M.D.

M. Cook, Inc.,

1217 St. Paul Street

88 1552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth		Sex		Race		Marital Status		Occupation		Cause of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	
John Doe		1900-01-01		Male		White		Married		Teacher		Heart Disease		Home		10:00 AM		[Signature]		[Signature]	
Address		City		State		County		Ward		Block		Lot		House		Street		City		State	
123 Main St		Baltimore		MD		Baltimore		1st		100		100		100		Main St		Baltimore		MD	
Date of Death		Time of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar		Date of Burial		Time of Burial		Place of Burial		Cause of Burial		Signature of Minister	
1900-01-01		10:00 AM		Home		Heart Disease		[Signature]		[Signature]		1900-01-01		10:00 AM		Home		Heart Disease		[Signature]	

220
52 11274BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11274

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida May McKaig

2. DATE
OF
DEATH

12/11/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4446 Wrenwood Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 27-10

D. STREET ADDRESS (If rural, give location)

4446 Wrenwood Ave

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

8. DATE OF BIRTH

May 27, 1873

9. AGE (In years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William F. Johnson

14. MOTHER'S MAIDEN NAME

Mary E. Hackney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Myrtle E. Reese, 702 Hitting Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Acute Coronary Occlusion
DUE TO arteriosclerotic cardio-vascular disease

(B)

DUE TO

(C)

1 day
10 hrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 9, 1952, to Dec. 11, 1952, that I last saw the deceased alive on Dec. 11, 1952, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

M. D.

23B. ADDRESS

3902 Greenmount Av.

23C. DATE SIGNED

DEC. 12 '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/13/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 B. Paul Street

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of school		22. Signature of employer		23. Signature of business		24. Signature of government	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

650
52 11275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 11275

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH R. GREEN

2. DATE
OF
DEATH

December 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balls City*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

35 yrs

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

826 N. Dallas Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

49

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Farming House

11. BIRTHPLACE (State or foreign country)

Mo. Co. Mo.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John Reed

14. MOTHER'S MAIDEN NAME

Pearl Ruffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

219-01-9473

17. INFORMANT

ADDRESS

Lepher Seton 826 N. Dallas St

18. *443X*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Hypertensive cardiovascular disease

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. H. H.

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

Dec. 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-14-52

24C. NAME OF CEMETERY OR CREMATORY

mt clemens

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

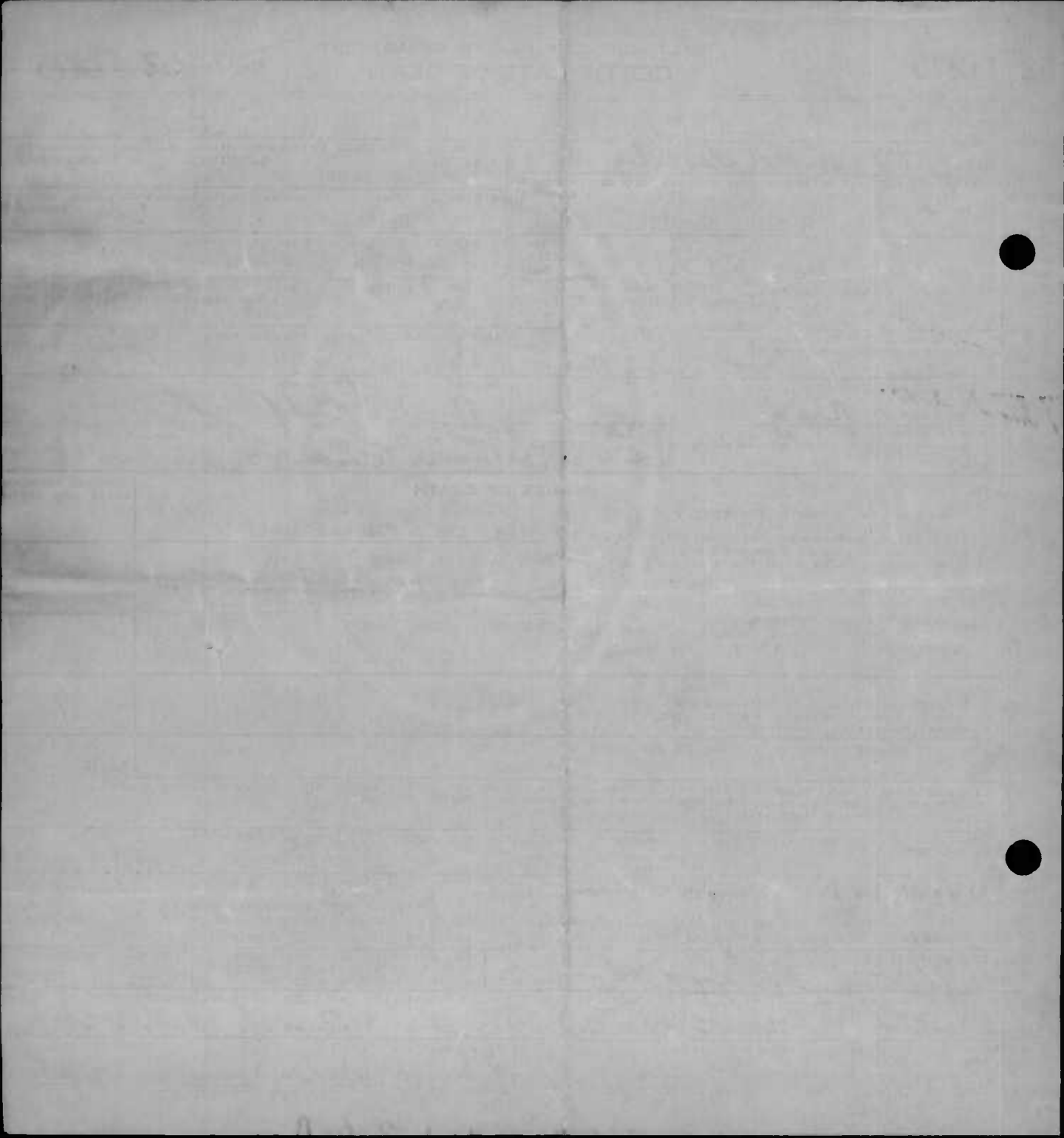
Chas. W. H. H. H.

ADDRESS

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Every item of information should be carefully supplied.



140
52 11276BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11276

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VENERA ZAPPALA

2. DATE
OF
DEATH

Dec. 11 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2306 E. Baltimore St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write R.R.A.I. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2306 E. Baltimore St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Died

8. DATE OF BIRTH

August 1st 1873

9. AGE (In years,
last birthday)

78

4

If Under 1 Year
Months Days Hours Min.

10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Giarre Catania Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Francesco Greco

14. MOTHER'S MAIDEN NAME

Giuseppina

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Joseph Le Giudice 2306 E. Baltimore St.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in nr
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Dec 10, 1952, to Dec 11, 1952, that I last saw the
deceased alive on Dec 10, 1952, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec. 15 1952

Holy Redeemer Cemetery

4430 Belair Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNDAL DIRECTOR

ADDRESS

DEC 12 1952

Huntington Williams, Jr.

Francis Delladose

322 S. High St.

VS 150

1911

RECEIVED

TO THE HONORABLE SECRETARY OF THE
NAVY
WASHINGTON, D. C.

Very respectfully,
Yours truly,
[Signature]

For the [Signature]
[Signature]

523
52 11277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11277

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FEDELE LANCIOTTI			2. DATE OF DEATH DECEMBER 10 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3319 S. AMBROSE'S Ave			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside county limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 24 Yrs.			D. STREET ADDRESS (If rural, give location) 3319 ST. AMBROSE'S Ave		
5. SEX Female	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH June 5th 1881	9. AGE (In years last birthday) 71	If Under 1 Year Months: 6 Days: 5 If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Monterio al Vomano Italy		
10B. KIND OF BUSINESS OR INDUSTRY Home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Nicola De Angelis			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Ulisse De Dominicis			ADDRESS 3319 St. Ambrose's Ave		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Coronary Disease DUE TO Arterio Sclerosis DUE TO ?	CAUSE OF DEATH Coronary Occlusion Coronary Disease Arterio Sclerosis	INTERVAL BETWEEN ONSET AND DEATH 1 day Unknown Unknown
19. DATE OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 26, 1951**, to **Dec 10, 1952**, that I last saw the deceased alive on **Dec. 10, 1952**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Philibert Artigiani** M. D. 23B. ADDRESS **2942 E. Fayette St** 23C. DATE SIGNED **Dec. 12/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE December 10/52	24C. NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY	24D. LOCATION (City, town, or county) (State) Baltimore Md.
--	------------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR **DEC 12 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** FUNERAL DIRECTOR **Frank Della Croce** ADDRESS **322 S. High St.**

VALLEY

25 157

CONFIDENTIAL

10/10/70

10/10/70

10/10/70

10/10/70

10/10/70

10/10/70

10/10/70

10/10/70

10/10/70

10/10/70

52-11278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-11278

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence B. Gore

2. DATE
OF
DEATH

Dec. 10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2936 Edmondson Ave/

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2936 Edmondson Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 22, 1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Marine Guard

10B. KIND OF BUSINESS OR
INDUSTRY

N.R.FORD Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James E. Gore

SHIP GUARDS

14. MOTHER'S MAIDEN NAME

Catherine Bushey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212 18 3017

17. INFORMANT

ADDRESS

Mrs. Mary Gore, 2936 Edmondson Ave.

18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOCerebral Vascular
Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Cerebral Arterio sclerosis.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C)
DUE TO

Hemiplegic Rt old

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
shoot home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1952, to 10 Dec 52, that I last saw the
deceased alive on 10 Dec. 1952 and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Gore

23B. ADDRESS

1707 Edmondson Ave. Baltimore

23C. DATE SIGNED

12 Dec 52

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

Dec. 13/52

24C. NAME OF CEMETERY OR CREMATORY

Stone Chapel Cemetery

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952 Huntington Williams, Harry H. Wintz 4101 Edmondson Ave.

COMPRESS

WATTEY

1911

[Faint, mostly illegible text and markings covering the page, including what appears to be a signature or name in the lower left and various lines of text throughout.]

130
52 11279
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11279

1. NAME OF DECEASED (Type or Print) ANNA LIFT			2. DATE OF DEATH Dec. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE life			D. STREET ADDRESS (If rural, give location) 521 E. 21st Street - 18		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1872		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? -
13. FATHER'S NAME Michael Brandmiller			14. MOTHER'S MAIDEN NAME Katherine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Miss Margaret Noppenberger		

18. 4 yr. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO Arteriosclerotic Cardiovascular disease DUE TO -		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 9th, 1952 , to Dec. 10th, 1952 , that I last saw the deceased alive on Dec. 10th, 1952 , and that death occurred at 11:30 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Carl F. Torne		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED Dec. 10, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-13-52		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) City	
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR WIEDEFELD & SON		ADDRESS GREENMOUNT AVE & 22ND	

RECEIVED BY AIRMAIL 1941

TO: [illegible]
 FROM: [illegible]
 SUBJECT: [illegible]
 [The following text is extremely faint and largely illegible, appearing to be a series of lines or a list.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11280
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Charles E. Kirkpatrick

2. DATE

OF

DEATH December 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3162 Lyndale Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3162 Lyndale Avenue

C. Length of stay in Baltimore

Life

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 1, 1904

9. AGE (In years

last birthday)

48

H Under 1 Year

Months: Days

8 11

H Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

manager

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James A. C. Kirkpatrick

14. MOTHER'S MAIDEN NAME

Mary Ann Snyder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-30-2343

17. INFORMANT

ADDRESS

Theresa M. Kirkpatrick 3162 Lyndale Ave

18. 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 19/102

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1952 to Dec 11/1952, that I last saw the
deceased alive on Dec 11, 1952 and that death occurred at 6 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12.13.52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

North Ave. & Rose St.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 12 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frederick D. Miller, Inc 3019 Monument St.

Frederick D. Miller, Inc

290640011272

451
52 11281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11281

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

G OLEMOIEWSKI, Frank

2. DATE
OF
DEATH

12.11.1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Senai

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

2 03

D. STREET ADDRESS (If rural, give location)

732 E. Ann St

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 8. 1902

9. AGE (In years last birthday)

50

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Holombiowski

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Holombiowski

18. 581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hepatic cirrhosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12. 10 1952, to 12. 11 1952, that I last saw the deceased alive on 12. 11 1952 and that death occurred at 10:51 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Chelnunsky

23B. ADDRESS

Senai Hospital

23C. DATE SIGNED

12.11.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Dec 15/52 Holy Rosary

Baltimore

Baltimore

Baltimore

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1952

Huntington Williams, M.D.

Fred W. Ozajewski

VS 150

1930 Eastern Ave.

5 94055 1 2 7 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1954 30

AGL 57 51417140

1954 30

1954 30

AGL 57 51417140

1954 30

1954 30

AGL 57 51417140

1954 30

1954 30

AGL 57 51417140

1954 30

1954 30

AGL 57 51417140

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1954 30

AGL 57 51417140

1954 30

1954 30

AGL 57 51417140

1954 30

1954 30

AGL 57 51417140

1954 30

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11282

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALVIN Calvin BIRD			2. DATE OF DEATH December 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) Emerson Hotel, Baltimore and Calvert Sts.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH about 1888		9. AGE (In years last birthday) abt. 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Horace S. Bird			14. MOTHER'S MAIDEN NAME Agnus Sylvester		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 718-09-9910		17. INFORMANT ADDRESS Mr. H. Owens Bird, (brother) Arnold, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

XXXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE: (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary occlusion

XXXXXX

(C) Myocardial infarct

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William C. Brown</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Dec. 12, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec-15-1952.	24C. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	24D. LOCATION (City, town, or county) (State) Davidsonville, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS Stewart & Mowen Co., 108 W. North Avenue,	

VS 151

City #1.

0251 52

17-01-1960

0251 52



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11283**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isabelle Kessler Barrick

2. DATE
OF
DEATH

Dec-11-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Stoney Run Lane**

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE) **Hillcrest Convalescent Home**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore City

C. CITY OR TOWN

Baltimore City

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (if rural, give location)

Wyman Park Apartments, Beech Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

about-1857

9. AGE (in years

last birthday)

abt-95

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Could not ascertain

14. MOTHER'S MAIDEN NAME

Could not ascertain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Edith R. Jackson, 102 W. 39th. St.

18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

3 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 10, 1952** to **Dec 11, 1952**, that I last saw the deceased alive on **Dec 11, 1952** and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. B. King

23B. ADDRESS

1210 Eutaw Place

23C. DATE SIGNED

12/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec-13-1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Co., 108 W. North Avenue,

City #1.

MEDICAL CERTIFICATION

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

25 1120

RECEIVED 11/20/1910

RECEIVED 11/20/1910

25 1120

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11284**

200
52 11284

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM B. BUSCH			2. DATE OF DEATH 12-10-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonville 53-52		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 106 SHADYBROOK AVE. #28		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-23-1894		9. AGE (In years last birthday) 58 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10B. KIND OF BUSINESS OR INDUSTRY COACH	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME HENRY BUSCH			14. MOTHER'S MAIDEN NAME MARGARET BENNETT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES World War I		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Shadybrook Busch		

18. **153X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Metastatic Carcinoma**
DUE TO **Adenocarcinoma of Colon.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-4**, 19**52** to **12-10**, 19**52** that I last saw the deceased alive on **12-10**, 19**52** and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE George Otten	23B. ADDRESS St. Agnes Hospital	23C. DATE SIGNED 12-10-52
---------------------------------------	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-13-52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	24D. LOCATION (City, town, or county) (State) Batts. Md.
--	------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George D. Farley	ADDRESS Catonville, Md.
--	---	---	-----------------------------------

220
52 11285BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11285

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary Clarke Hughes		Dec. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1635 Division St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 14-02	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1635 Division St.	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 73
11. BIRTHPLACE (State or foreign country) Hartford Co. Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT John Hughes 1101 W. Lanvale St.		ADDRESS	

18. 431X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Acute Myocarditis DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 6 mos
--	---	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1, 1952, to Dec. 11, 1952, that I last saw the deceased alive on Dec 11, 1952 and that death occurred at 4 m., from the causes and on the date stated above.					
23A. SIGNATURE Louis A. Plummer M. D.		23B. ADDRESS 301-E-22nd		23C. DATE SIGNED Dec 11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/13/52		24C. NAME OF CEMETERY OR CREMATORY Towson	
24D. LOCATION (City, town, or county) Towson, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.		25. ADDRESS		25. ADDRESS	

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK

NEW YORK, N. Y., _____, 19____

DECEASED _____

DATE OF DEATH _____

PLACE OF DEATH _____

CITY _____

COUNTY _____

STATE _____

AGE _____

SEX _____

632
52 11286BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11286

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISAAC SCHWARTZ

2. DATE
OF
DEATH

December 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3517 Virginia Ave

c. Length of stay in Baltimore

45 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 15, 1887

9. AGE (In years
last birthday)

65 Yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Presser Tailoring

10B. KIND OF BUSINESS OR
INDUSTRY

Tailor Shop

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Abraham Schwartz

14. MOTHER'S MAIDEN NAME

Freida Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-05-8684

17. INFORMANT

ADDRESS

David Schwartz 2902 Whitney Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 1, 1948, to DEC. 12, 1952, that I last saw the
deceased alive on DEC. 12, 1952, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Levin

M. O.

23B. ADDRESS

4818 Reisterstown Rd

23C. DATE SIGNED

12/12/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

December 14, 1952 Sharrei Zion Cong Cemetery Baltimore Md

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS 1126 W

Sol Swenson + Bros North Ave

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

CERTIFICATE OF DEATH

<p>NAME OF DECEASED</p>		<p>AGE</p>		<p>SEX</p>		<p>RACE</p>	
<p>DATE OF BIRTH</p>		<p>DATE OF DEATH</p>		<p>PLACE OF BIRTH</p>		<p>PLACE OF DEATH</p>	
<p>CAUSE OF DEATH</p>		<p>IMMEDIATE CAUSE</p>		<p>UNDERLYING CAUSE</p>		<p>OTHER CAUSE</p>	
<p>DATE OF INTERMENT</p>		<p>PLACE OF INTERMENT</p>		<p>NAME OF INTERMENT SOCIETY</p>		<p>NAME OF MINISTER</p>	
<p>SIGNATURE OF DECEASED</p>		<p>SIGNATURE OF WITNESSES</p>		<p>SIGNATURE OF MINISTER</p>		<p>SIGNATURE OF REGISTRAR</p>	

453
52 11287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11287

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSA VALENTINI

2. DATE
OF
DEATH

Dec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3505 Dudley Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-04

D. STREET ADDRESS (If rural, give location)
2325 E. Hoffman St.

c. Length of stay in Baltimore

50 yrs.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 28, 1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Buttonhole Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Avenue Shop

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

Italy

13. FATHER'S NAME

Salvador Sales

14. MOTHER'S MAIDEN NAME

Maria Tcresa

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-101018

17. INFORMANT

ADDRESS

Mrs. Anna Mohr, dght, 3505 Dudley Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral malaria

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Disturbance

3-4 wks

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cholera

3-4 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 21 July, 1947, to 11 Dec, 1952, that I last saw the deceased alive on 11 Dec, 1952, and that death occurred at 2:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Howard G. Gorman

23B. ADDRESS

1513 N. Milton Ave

23C. DATE SIGNED

12 Dec 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.,

24D. LOCATION (City, town, or county)

Belair Road

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Schimmek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

68004611279

correcting as necessary. physicians - please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

— 1 —

240
52 11288BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11288
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Selina W. Siegel</i>		2. DATE OF DEATH <i>December 11, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>13-01</i>	
c. Length of stay in Baltimore <i>Lifetime</i>		D. STREET ADDRESS (If rural, give location) <i>Lake Drive Apts, Baltimore - 17, Md</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 9, 1864</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) <i>88</i>
13. FATHER'S NAME <i>Abraham Weinberg</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. —		14. MOTHER'S MAIDEN NAME <i>Regina Blum</i>	
17. INFORMANT <i>Mr. Arthur W. Sard</i>		ADDRESS <i>912 Brooks Lane</i>	

18. <i>584X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Cholecystitis + localized peritonitis</i>	CAUSE OF DEATH (A) <i>Acute Cholecystitis + localized peritonitis</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cholelithiasis & Biliary obstruction</i>	(B) <i>Cholelithiasis & Biliary obstruction</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Arteriosclerotic heart disease</i>	(C) <i>Arteriosclerotic heart disease</i>	

19A. DATE OF OPERATION —	19B. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from *December 10, 1952*, to *December 11, 1952*, that I last saw the deceased alive on *Dec 11, 1952*, and that death occurred at *4:10* pm., from the causes and on the date stated above.

23A. SIGNATURE <i>J. S. Hubbard</i>	23B. ADDRESS <i>Union Memorial Hospital</i>	23C. DATE SIGNED <i>Dec 11, 1952</i>
--	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Friendship Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 13 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Vickner & Sons</i>	ADDRESS <i>Balto 17, Md.</i>
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VS 150

1952001120 Balto 17, Md.

correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

362
52 11289BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11289

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES T. STURGEON

2. DATE
OF
DEATH

12-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1802 E. 32nd St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

9-06

D. STREET ADDRESS (If rural, give location)

1802 E 32nd St

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Household Goods

8. DATE OF BIRTH

1-16-1871

9. AGE (In years

last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALES MAN - SELF

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John T. Sturgeon

14. MOTHER'S MAIDEN NAME

Jane Murdock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

FREDAS A. STURGEON 87406 Elmhorst Ave

18.

199.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of Abdomen

5 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, store, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

In Baltimore City, give exact location

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1952, to 12-11-52, that I last saw the deceased alive on 12-11-52, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Williams

M. D.

23B. ADDRESS

3534 Ellerslie Ave

23C. DATE SIGNED

12-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

12-13-52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

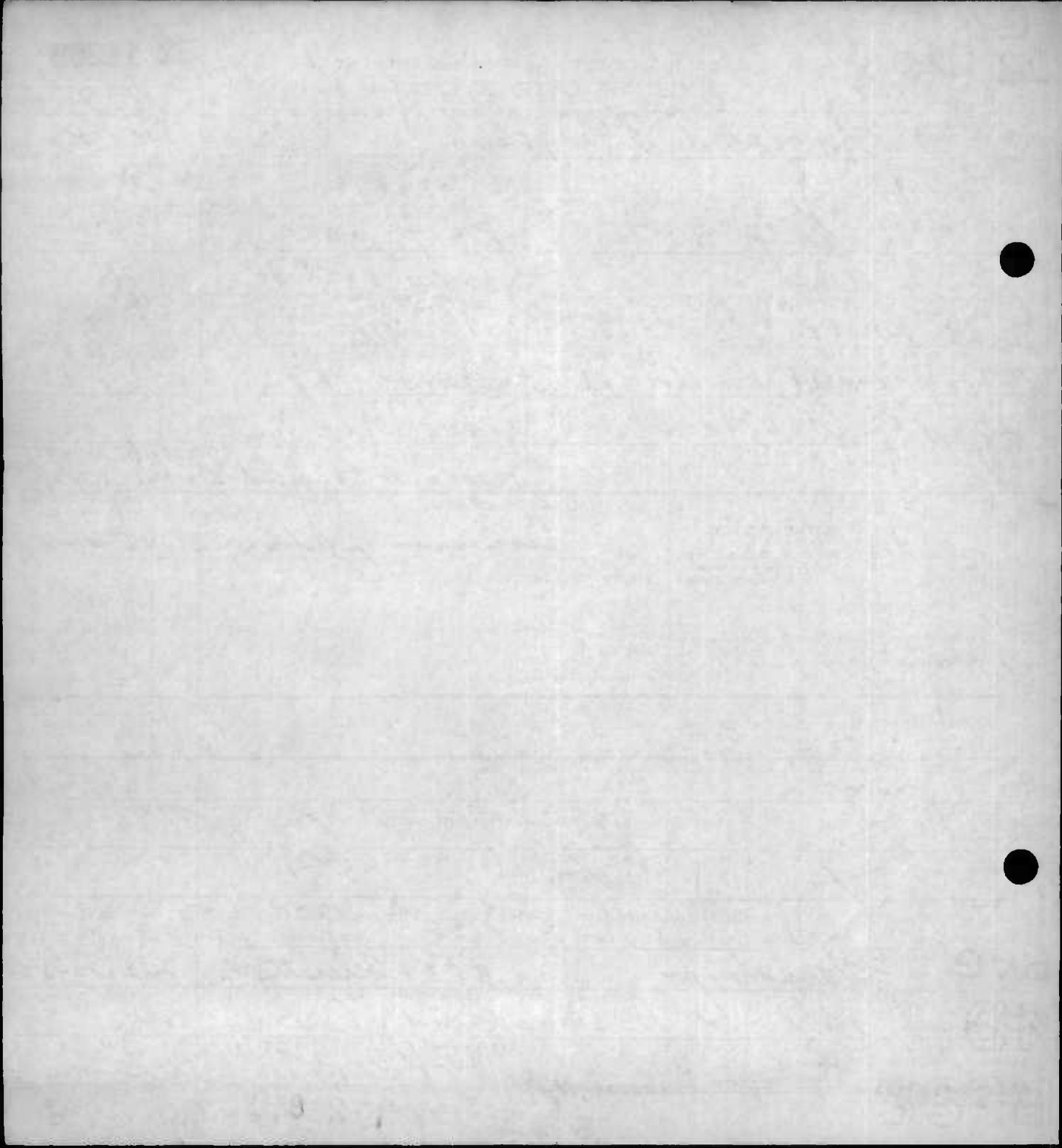
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

J. H. Williams, Jr.

VS-150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 11290**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DONALD

McDONALD

2. DATE
OF
DEATH

December 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital D.O.A.

C. Length of stay in Baltimore

23

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

43 S. Stricker Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED/DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

8-19-1872

9. AGE (In years last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

STAR WARE CLERK

10B. KIND OF BUSINESS OR INDUSTRY

WHOLESALE HW

13. FATHER'S NAME

DONALD J. Mc DONALD

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

DONALD J. Mc DONALD 3RD PASADENA MD

18. E902.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture

Fracture of ribs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rupture of liver and spleen

Peritoneal hemorrhage

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Railroad

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

B&O Railroad Yard, Fulton Ave. & Eagle St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Found: 12/12/52 2:00 A.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Apparently fell from roof of lumber shed to railroad tracks

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR

Dec. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

12-15-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1011 Cr B. M. Walters

VS 151

N 804.2

5200

Pratt & Stricker

1000 L 50

1000 L 50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 11291

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Catherine F. Bell2. DATE
OF
DEATHDec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION4407 Halther Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore27-81

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4407 Halther Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 9, 18799. AGE (In years
last birthday)73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRYAt Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

William Schuman

14. MOTHER'S MAIDEN NAME

Matilda E. Zimmerman15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edna M. Finnegan - 4407 Halther Ave.18. 470.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio15-Jan

DUE TO

(C)

Vascular Disease1946

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15-Jan, 1946, to 11-Dec, 1952, that I last saw the
deceased alive on 11-Dec, 1952, and that death occurred at 10:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial12-15-52London ParkFrederick Rd. Balto. Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 13 1952Huntington Williams, M.D.John C. Miller Inc. - 2435 E. Olive St.

VS 150

MEDICAL CERTIFICATION

1911

CERTIFICATE OF DEATH

1911

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE AT DEATH

1911

-252
52 11292BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11292

BIRTH NO. MLB. 165191

1. NAME OF DECEASED (Type or Print) Thomas Hawkins			2. DATE OF DEATH 12-9-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore ?			D. STREET ADDRESS (If rural, give location) 770 Waeshe St		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1902	9. AGE (in years last birthday) 50	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stovewarer			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Peter Hawkins			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NUMBER Records: Baltimore City Hospitals		
			17. INFORMANT 4940 Eastern Ave		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular Accident		INTERVAL BETWEEN ONSET AND DEATH 17 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-21- 19 52 12-9- 1952 , that I last saw the deceased alive on 12-9- 19 52 , and that death occurred at 6:50 A.M. from the causes and on the date stated above.			
23A. SIGNATURE H. G. Lewis		23B. ADDRESS 4940 Eastern Ave. Balto. Md.	
23C. DATE SIGNED 12-9-52			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE 12/13/1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.	24D. LOCATION (City, town, or county) (State) Lansdowne Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Kate R. Williams ADDRESS 322 N. Schurck St.	

RECEIVED
FEB 11 1967

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VALLEY

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632
52 11293BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11293
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES BARTS

2. DATE
OF
DEATH

12/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

508 N. PAYSON STREET

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

508 N. PAYSON STREET

c. Length of stay in Baltimore

30YRS

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

2/14/1898

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BRICK MASON

10B. KIND OF BUSINESS OR
INDUSTRY
CONSTRUCTION

11. BIRTHPLACE (State or foreign country)

HAMPSIDNEY, VA.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

JOSEPH BARTS

14. MOTHER'S MAIDEN NAME

ELLEN JOHNSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

217-05-6616

17. INFORMANT

ADDRESS

BESSIE BARTS(W) 508 PAYSON ST.

18. 490 x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)Lobar pneumonia
Acute myocardial failure4 Day
1 DayII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1952, to 12/11, 1952, that I last saw the
deceased alive on 12/9, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

12/14/52

HAMPSIDNEY CEM.

HAMPSIDNEY, VA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CHARLES G. COOPER-512 CARROLLTON

VS 150

504,24

Charles G. Cooper

1918

DEPARTMENT OF HEALTH

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389
B-165171BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11294
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Scott			2. DATE OF DEATH Dec. 12-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-11		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3520 Hilton Road (Nursing Home)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct. 3-1876	9. AGE (in years last birthday) 76	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME NOT KNOWN			12. CITIZEN OF WHAT COUNTRY? U.S.		
14. MOTHER'S MAIDEN NAME NOT KNOWN			17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS	

18. **E902.7**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Lobar Pneumonia**

DUE TO

11Week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture Right Femur**

DUE TO

(C) **Generalized Arteriosclerosis**

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Nursing Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
3520 Hilton Road21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
11-20-195221E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell from chair to floor.22. I hereby certify that I attended the deceased from **11-20-**, 19**52**, to **12-12-**, 19**52**, that I last saw the deceased alive on **12-12-**, 19**52**, and that death occurred at **3.30Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

Dec. 13, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE

DEC 18-52

24C. NAME OF CEMETERY OR CREMATORY

HOUDON PARK

24D. LOCATION (City, town, or county) (State)

BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Bernard C. Hulse 181 E. West St

VS 150

To be approved by the Medical Examiner

N-820.0

520011286

MEDICAL CERTIFICATION

1. The purpose of this report is to provide a summary of the activities of the Office of the Chief of Staff during the year 1951.

2. The report is organized into four main sections: (a) General Information, (b) Activities, (c) Financial Statement, and (d) Summary.

3. The following information is provided for each section:

(a) General Information: This section provides a brief overview of the Office of the Chief of Staff and its functions.

(b) Activities: This section provides a detailed account of the activities of the Office of the Chief of Staff during the year 1951.

(c) Financial Statement: This section provides a summary of the financial activities of the Office of the Chief of Staff during the year 1951.

(d) Summary: This section provides a summary of the activities of the Office of the Chief of Staff during the year 1951.

4. The following information is provided for each section:

(a) General Information: This section provides a brief overview of the Office of the Chief of Staff and its functions.

(b) Activities: This section provides a detailed account of the activities of the Office of the Chief of Staff during the year 1951.

10.

11. The following information is provided for each section:

(a) General Information: This section provides a brief overview of the Office of the Chief of Staff and its functions.

(b) Activities: This section provides a detailed account of the activities of the Office of the Chief of Staff during the year 1951.

(c) Financial Statement: This section provides a summary of the financial activities of the Office of the Chief of Staff during the year 1951.

(d) Summary: This section provides a summary of the activities of the Office of the Chief of Staff during the year 1951.

12. The following information is provided for each section:

(a) General Information: This section provides a brief overview of the Office of the Chief of Staff and its functions.

(b) Activities: This section provides a detailed account of the activities of the Office of the Chief of Staff during the year 1951.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11295
Registered No.

52 11295

1. NAME OF DECEASED (Type or Print) EVERETT GARNER		2. DATE OF DEATH December 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex	
D. LENGTH OF STAY IN BALTIMORE		E. STREET ADDRESS (If rural, give location) 217 Poplar Rd., Essex	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-15-1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Attendant		10B. KIND OF BUSINESS OR INDUSTRY Service Station	9. AGE (In years last birthday) 37 If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Moure County, N. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Willie W. Garner		14. MOTHER'S MAIDEN NAME Martha Cariness	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Kennedy Funeral Home, Robbins, N. C.		ADDRESS	

18. E983X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Craniocerebral injury with A. Fracture of skull B. Minor subdural hemorrhage C. Purulent meningitis D. Subarachnoid hemorrhage E. Abrasions & contusions of both hands and right elbow.	CAUSE OF DEATH Craniocerebral injury with A. Fracture of skull B. Minor subdural hemorrhage C. Purulent meningitis D. Subarachnoid hemorrhage E. Abrasions & contusions of both hands and right elbow.	INTERVAL BETWEEN ONSET AND DEATH
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Dec. 10, 1952	19B. MAJOR FINDINGS OF OPERATION Garage	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. Dec. 10, 1952	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Garage	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) North + Callow Avenues
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 10, 1952	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Was struck with screw driver in an altercation
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE B. Fisher	23B. CHIEF MEDICAL EXAMINER M.D. <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Dec. 13, 1952

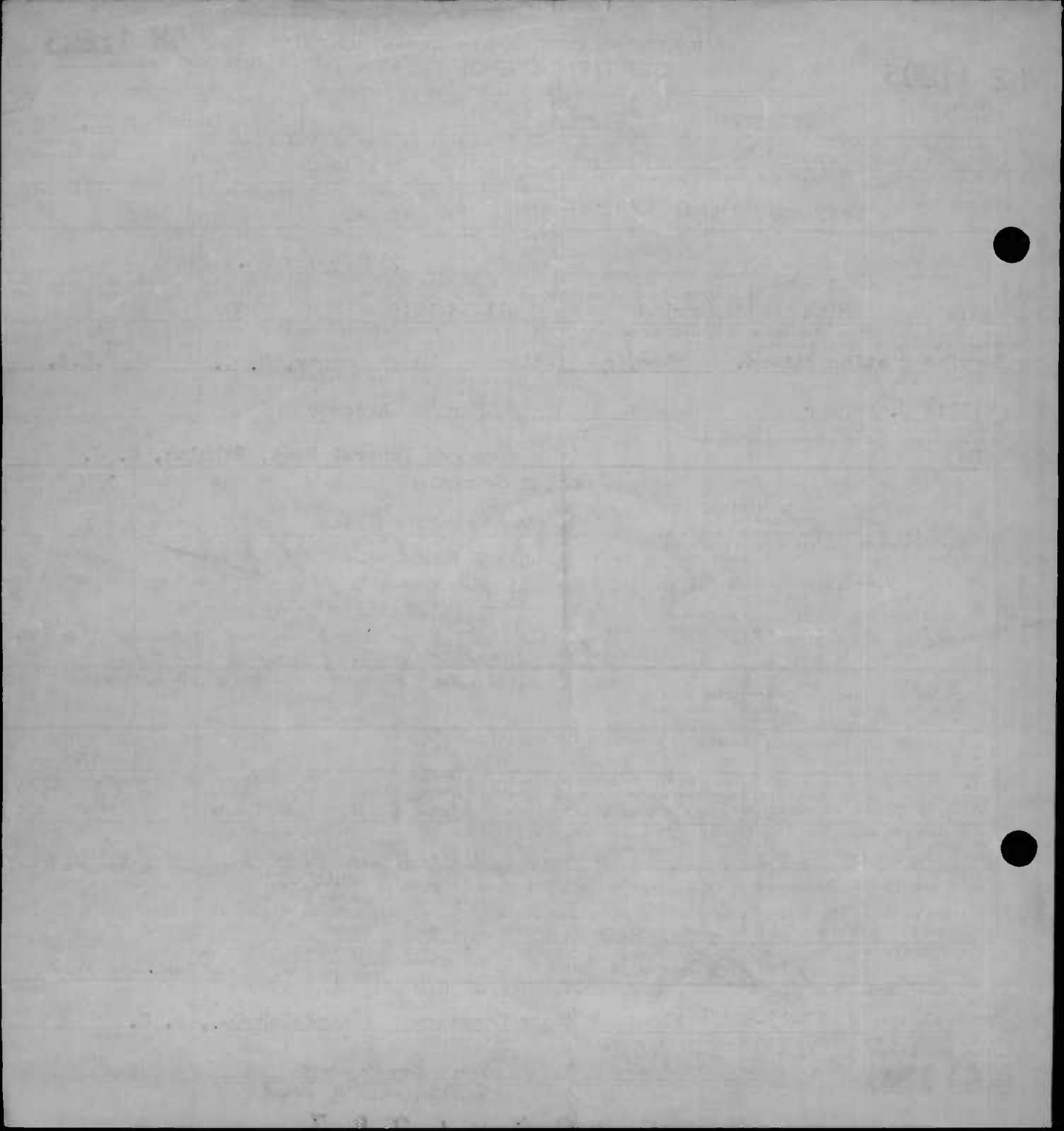
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 12-13-52	24C. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery	24D. LOCATION (City, town, or county) (State) Randolph Co., N. C.
---	------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. Cook, Inc. 1217 St. Paul St. Baltimore 2, Md.	ADDRESS
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VS 151 **N803.2** **6216K** **282**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



635
52 11296BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX
52 11296
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY S.

2. DATE
OF
DEATH

12-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Hampstead

56-00

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 26, 1887 63-5

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland, D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Mc Laughlin

14. MOTHER'S MAIDEN NAME

Ann Katherine Barr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Denton O Martin, Hampstead Md

18. 330 X and 260 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage.

12 hrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Possible Diabetes mellitus.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from 12-12-52, 1952 to 12-13, 1952 that I last saw the
deceased alive on 12-13, 1952 and that death occurred at 2:20 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1952

Huntington Williams, M.D. Edw C Tipton, Hampstead Md

52 11297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11297

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA ENSOR

2. DATE
OF
DEATH

DEC. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL FOR THE WOMEN OF MARYLAND

C. Length of stay in Baltimore 14

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 18, 1891

9. AGE (in years
last birthday)

60

10. Under 1 Year
Months: Days: 11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

BUTLER, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH ROUSTON

14. MOTHER'S MAIDEN NAME

Matilda PITTS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

CHART

ADDRESS

18. 420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial insufficiency

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

9 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerotic heart disease

DUE TO

several years

(C)

Obesity

many years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 28, 1952, to DEC. 13, 1952, that I last saw the
deceased alive on DEC. 13, 1952, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

UNIT 2

UNIT 2

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CROWETZ
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11298

52 11298

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mrs Florence R. Crowetz</i>		2. DATE OF DEATH <i>12-13-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>15-47</i>	
c. Length of stay in Baltimore <i>26</i>		D. STREET ADDRESS (If rural, give location) <i>2809 Koko Lane</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>1-24-1927</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>26</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <i>Solomon Keilman</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Bessie Foreman</i>	
17. INFORMANT <i>Alvin Crowetz - Son</i>		ADDRESS	

18. <i>201X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) <i>Holzhin's Disease</i>	CAUSE OF DEATH (A) <i>Holzhin's Disease</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>
--	--	--

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>June 1952</i>	19B. MAJOR FINDINGS OF OPERATION <i>Holzhin's Disease</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1 June*, 19*52*, to *12/13*, 19*52*, that I last saw the deceased alive on *12/12*, 19*52*, and that death occurred at *12:56* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>James H. Crain</i>	23B. ADDRESS <i>2100 Canton Pl</i>	23C. DATE SIGNED <i>12/13/52</i>
24A. MANNER OF REMOVAL (Specify) <i>Funeral</i>	24B. DATE <i>12-14-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Beth Israel</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		

DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 14 1952</i>	REGISTRAR'S SIGNATURE <i>Hamington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Jack Levine</i>	ADDRESS <i>2100 Canton Pl</i>
--	--	--	----------------------------------

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EDICAL CERTIFICATION

105-1-52

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

STATE OF CALIFORNIA

1 9 8 8

500
52 11299BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11299
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DORA HEON		2. DATE OF DEATH 12-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2449 Shirley Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Friedlers Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04	
D. STREET ADDRESS (If rural, give location) 1901 East Fairmount Ave		E. LENGTH OF STAY IN BALTIMORE 60 Yrs. 60 Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Abraham		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Edward Leon - 801 N. Eutan St		ADDRESS	

18. 4 yr. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO Arteriosclerotic Cordio Vascular disease, with auricular Fibrillation	INTERVAL BETWEEN ONSET AND DEATH 12/12/52 5 Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none	

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 12, 1952 to Dec 13, 1952 that I last saw the deceased alive on 12/13, 1952 and that death occurred at 2 P m., from the causes and on the date stated above.					
23A. SIGNATURE J. M. Miller M. D.		23B. ADDRESS 1638 Bull St		23C. DATE SIGNED 12/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-14-52		24C. NAME OF CEMETERY OR CREMATORY Herring Run	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md		24F. DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1952	
24G. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24H. FUNERAL DIRECTOR Jack Lewis		24I. ADDRESS 2100 Eutan Pl	

Dr Miller
1613 E 6th St
Arona St

451
52 11300BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11300
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEVI BLUMBERG

2. DATE
OF
DEATH

12-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Levindale

C. Length of stay in Baltimore

70 Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Levindale

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Male

White

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Grocer

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 332x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral thrombosis

3 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

Years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1944, to 12-13, 1952, that I last saw the deceased alive on 12-13, 1952, and that death occurred at 2 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

12-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12-14-52

Serving Run

Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

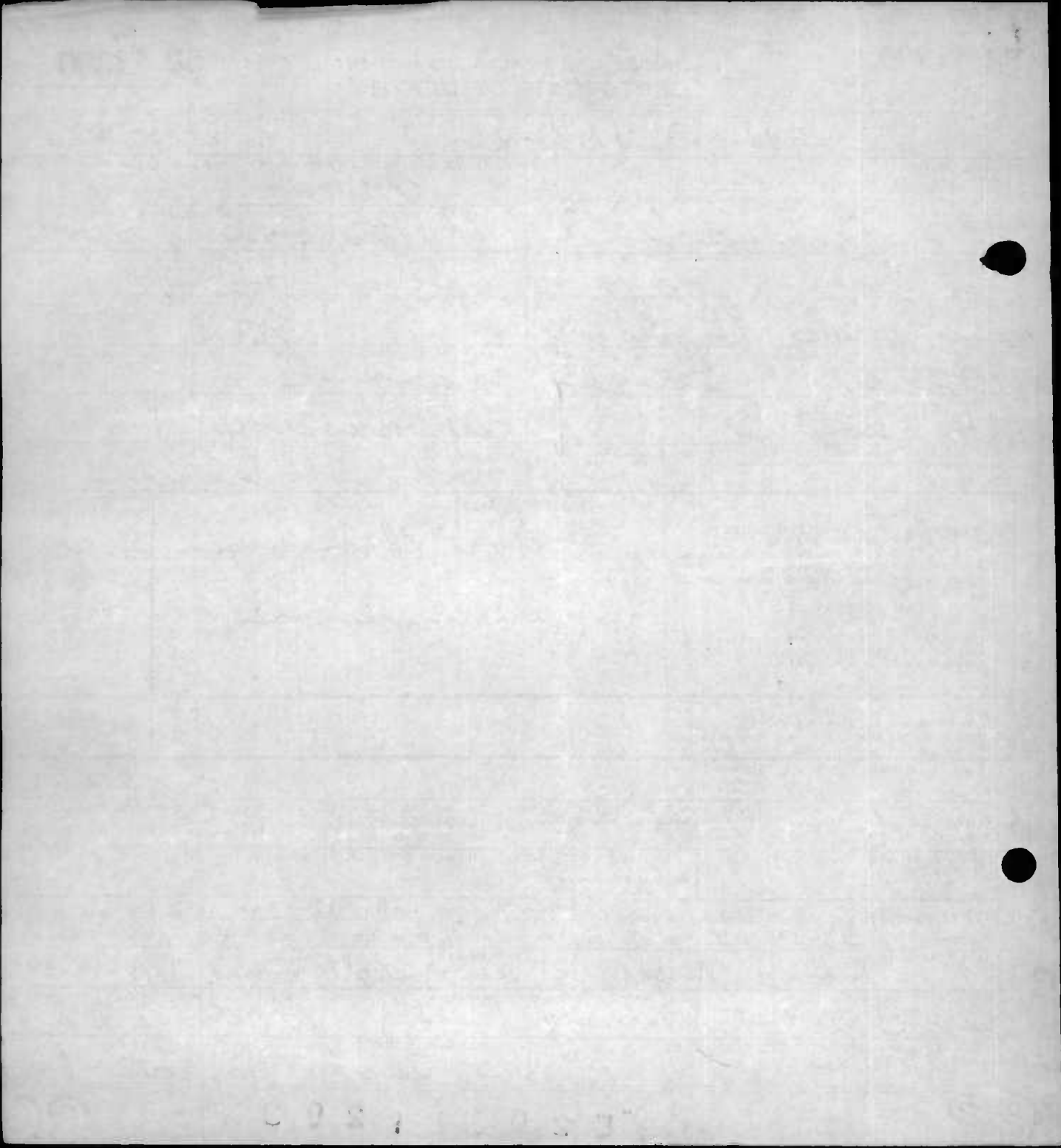
25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1952

Huntington Williams

Jack Lewis Ave 7100 Canton Pl



660
52 11301BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11301
Registered No.

1. NAME OF DECEASED (Type or Print) ANNA R. BREYER		2. DATE OF DEATH DEC. 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.	
5. FULL NAME OF HOSPITAL OR INSTITUTION 3305 GARRISON BLVD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 15-10	
6. LENGTH OF STAY IN BALTIMORE 54		D. STREET ADDRESS (If rural, give location) 3305 GARRISON BLVD	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTO. MD
13. FATHER'S NAME ABEL ROSENTHAL		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT LEON E. ROSENTHAL
		ADDRESS SOME	

18. 42221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) acute cardiac dilatation DUE TO	1 day
(B) cardiac insufficiency DUE TO	2 months
(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5/4 , 19 44 , to 12/12 , 19 52 , that I last saw the deceased alive on 12/12 , 19 52 , and that death occurred at 6 P. m., from the causes and on the date stated above.				
23A. SIGNATURE Leonty	23B. ADDRESS M. D. 1320 Eutaw Rd	23C. DATE SIGNED 12/12/52		

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-14, 1952	24C. NAME OF CEMETERY OR CREMATORY WASH. RG.	24D. LOCATION (City, town, or county) (State) BALTO. MD
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Pl.	

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52 11302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11302
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEONARD P. GETT

2. DATE
OF
DEATH

11-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-03

D. STREET ADDRESS (If rural, give location)

834 N. Howard St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

50

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Hepatic Coma

@ 5 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Hepatic cirrhosis

(C)
DUE TO

Chronic Alcoholism

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10, 1952, to 11-10, 1952, that I last saw the
deceased alive on 11-10, 1952, and that death occurred at 5:15 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

19520011224

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DEPARTMENT OF COMMERCE

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DEPARTMENT OF COMMERCE
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1 0 2 1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. 52-31805

1. NAME OF DECEASED
(Type or Print) Baby Boy NORRIS

2. DATE OF DEATH 12/17/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Lutheran Hospital of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 53-54

Length of stay in Baltimore 15 hrs

D. STREET ADDRESS (If rural, give location)
6 Torque Way #20

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____
8. DATE OF BIRTH 12/6/52 9. AGE (In years last birthday) 15 10. Under 1 Year Months _____ 11. Under 24 Hours Hours _____ Min. 37

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U S H

13. FATHER'S NAME Walt Norris 14. MOTHER'S MAIDEN NAME Oma Welborn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT ADDRESS _____

18. 763.0 I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia DUE TO _____
INTERVAL BETWEEN ONSET AND DEATH 30 hrs
ANTECEDENT CAUSES
(B) Intra uterine infection DUE TO _____
(C) _____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☒ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12/6, 1952 to 12/17, 1952, that I last saw the deceased alive on 12/17, 1952, and that death occurred at 8:35 m., from the causes and on the date stated above.

23A. SIGNATURE Francis P. Wegmann M. D. 23B. ADDRESS Lutheran Hosp. of Md 23C. DATE SIGNED 12/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify) _____ 24B. DATE _____ 24C. NAME OF CEMETERY OR CREMATORY _____ 24D. LOCATION (City, town, or county) (State) _____

DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Huntington Williams, M.D. ADDRESS _____

VS 150

9520011295

DEC 12 1952

20-1-1953

CERTIFICATE OF DEATH

20-1-1953

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530
AB-160538
52 11304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11304

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ottoway Smith

2. DATE
OF
DEATH

Nov. 4-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1107 Orleans St. zone 2

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Feb. 2-1891

9. AGE (in years last birthday)

61

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Smith

14. MOTHER'S MAIDEN NAME

Lulie(Lulia) Payne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMATION FROM RECORDS: Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 1918

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sarcoma of Face

18 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Malnutrition

18 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-27-1952, to 11-4-1952, that I last saw the deceased alive on 11-4-1952, and that death occurred at 5P m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

12-1-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

VS 150

JOHN HOPKINS MEDICAL SCHOOL DEC 10 1952

9520011296

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1941

RECEIVED

1941

OFFICE OF THE SECRETARY OF THE ARMY

1941

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11305**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

B.

BRUMLEY

2. DATE
OF
DEATH

November 26, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **12-05**

D. STREET ADDRESS (If rural, give location)
1908 N. Charles Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

u

8. DATE OF BIRTH

u

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

k

11. BIRTHPLACE (State or foreign country)

k

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

n

14. MOTHER'S MAIDEN NAME

o

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

n

17. INFORMANT ADDRESS

n

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary Tuberculosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Rt Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED **11/27/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL DEC 9 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

V S 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

the

correct age is especially important. Physicians must be careful to write the causes of death clearly and legibly. The

52 11306

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11306
Registered No.

1. NAME OF DECEASED (Type or Print)		FRANK KONISZEWSKI		2. DATE OF DEATH November 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01			
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 125 Cheapside Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) u	8. DATE OF BIRTH u	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY k		11. BIRTHPLACE (State or foreign country) n	
13. FATHER'S NAME n		12. CITIZEN OF WHAT COUNTRY? n			
14. MOTHER'S MAIDEN NAME o		17. INFORMANT n ADDRESS w			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. n			

18. 422 / 1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic cardiovascular disease
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

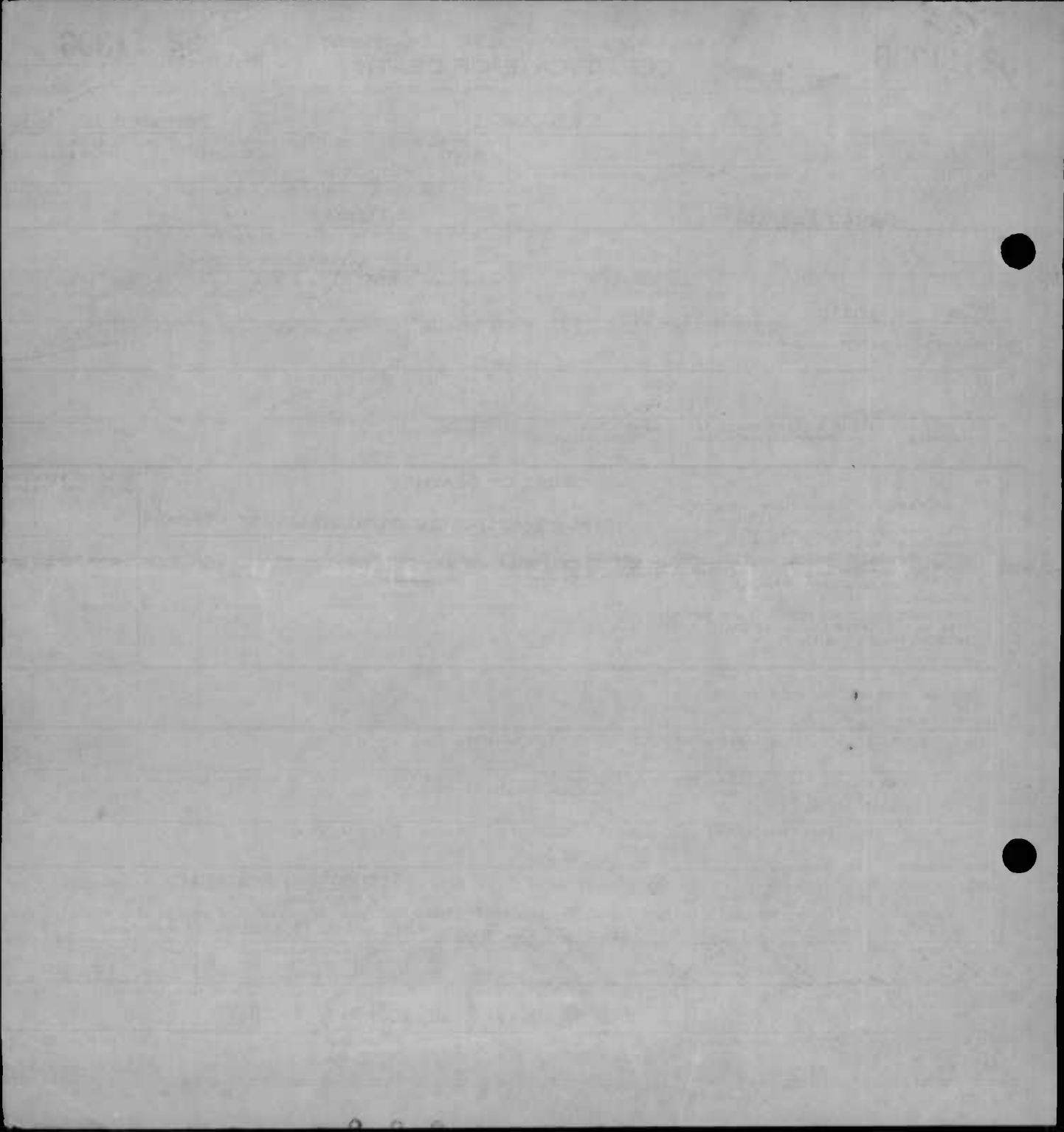
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Williams</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Nov. 13, 1952
--	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) DEC 9 1952
---	-----------	---	---

DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS
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52 11307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11307
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mable Clair Jones

2. DATE OF DEATH Dec. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

405 North Ann Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1623 East Fayette Street

C. Length of stay in Baltimore

36 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 12, 1911

9. AGE (In years last birthday)

41

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Farmsville Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dennis Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. FURNAMENT

ADDRESS

George Jones 1623 E. Fayette St

18. 593X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

nephritis

DUE TO

(C)

uremia.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-8 1952 to 12-10, 1952 that I last saw the deceased alive on 12-10, 1952, and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/14/1952

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1952

Huntington Williams, M.D.

Elroy O. Wilson 1000 Brantly

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 11308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11308

BIRTH NO. **MAF. 165713**

1. NAME OF DECEASED
(Type or Print) **William Swann**

2. DATE
OF
DEATH **12-11-52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
INSTITUTION **4940 Eastern Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **14-02**

c. Length of stay in Baltimore **Life**

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
1738 Druid Hill Ave.

5. SEX
Male

6. COLOR OR RACE
Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Aug. 5, 1886

9. AGE (In years last birthday) **66**
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Manager

10B. KIND OF BUSINESS OR INDUSTRY
Custom House

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
William Swann

14. MOTHER'S MAIDEN NAME
Harriet Swann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **Records in Baltimore City Hospitals**
4940 Eastern Ave.

18. **470.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriolosclerotic Heart Disease

(A) **Arteriolosclerotic Heart Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-9**, 19**52**, to **12-11**, 19**52**, that I last saw the deceased alive on **12-11**, 19**52**, and that death occurred at **11:30 A.** from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave. Balto. Md.

23C. DATE SIGNED

12-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial
DATE RECEIVED BY LOCAL REGISTRAR
DEC 14 1952

REGISTRAR'S SIGNATURE
Huntington Williams, Jr.

25. FUNERAL DIRECTOR
Funeral Home
1631 Druid Hill Ave.

VS 150

340 91 300
95 200 1 300

100-111111

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-111111

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]
RE: [Illegible]
[Illegible text block containing several lines of typed information, mostly mirrored from the reverse side of the page.]

100-111111
[Illegible text block containing several lines of typed information, mostly mirrored from the reverse side of the page.]

362
52 11309BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH3
52 11309
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE M. WATERS

2. DATE
OF
DEATH

Dec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Provident hospital4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

1802 McCulloh Street

c. Length of stay in Baltimore

25 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 27, 1910

9. AGE (In years last birthday)

42

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator operator

10B. KIND OF BUSINESS OR INDUSTRY

Public Bldg.

11. BIRTHPLACE (State or foreign country)

Middlesex Co. Va.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Lloyd Henry

14. MOTHER'S MAIDEN NAME

Cleon Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Mr. Leonard Waters
1802 McCulloh Street

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cerebral Hemorrhage

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Essential Hypertension

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1952, to Dec. 11, 1952, that I last saw the deceased alive on Dec. 11, 1952, and that death occurred at 1 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

844 N. Carey St. Balt. Md.

23C. DATE SIGNED

12/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1952

Huntington Williams

Middlesex Co. Va.
Halland Funeral Home
1631 Strand Hill Ave.

60011 97

00000 97



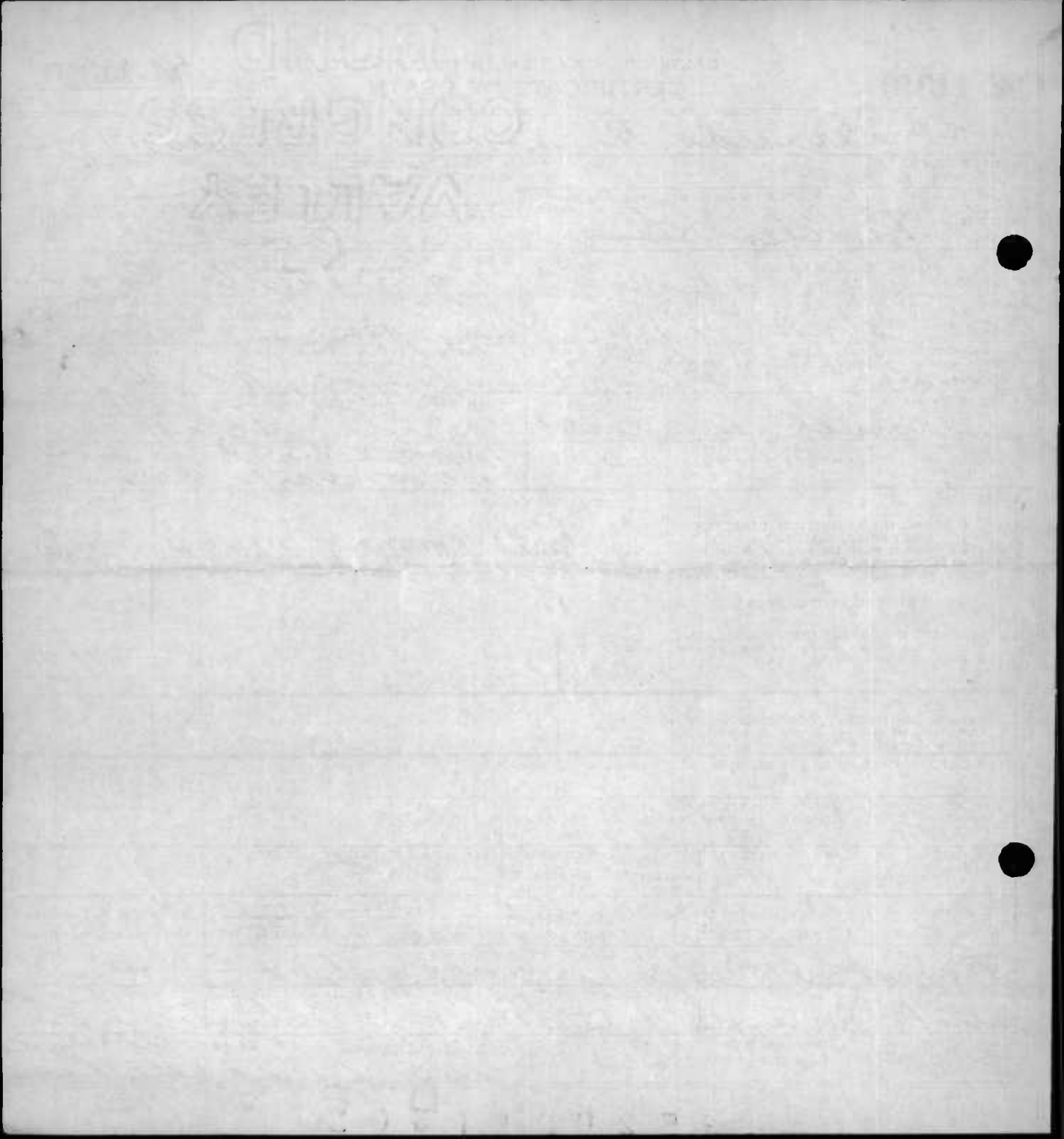
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

BIRTH NO. **52 11310**

Registered No. **52 11310**

1. NAME OF DECEASED (Type or Print) Bernard M. Brown		2. DATE OF DEATH Dec. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-14	
c. Length of stay in Baltimore 47 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4705 Falls Road	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 12, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.		10B. KIND OF BUSINESS OR INDUSTRY Plant	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Samuel C. Brown		14. MOTHER'S MAIDEN NAME Ida Scott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. Informant Mrs. Helen C. Brown		Address 4705 Falls Road	
18. 470-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute coronary occlusion DUE TO (A) Acute coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 6 Months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-14 , 19 52 , to 12-11 , 19 52 , that I last saw the deceased alive on 12-11 , 19 52 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE H. M. Williams		23B. ADDRESS 558 W. Michigan	
23C. DATE SIGNED 12/11/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 14, 1952	
24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.		24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1952		REGISTRAR'S SIGNATURE H. M. Williams	
25. FUNERAL DIRECTOR Willard Funeral Home		ADDRESS 1631 Druid Hill Ave	

MEDICAL CERTIFICATION



52 11341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11341

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosa Belle Glasser

2. DATE
OF
DEATH

December 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

604 N. East Avenue

89

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 23rd, 1863

9. AGE (in years
last birthday)

89

10. Under 1 Year
Months: Days

5

11. Under 24 Hours
Hours: Min.

12

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Henry Kemp

14. MOTHER'S MAIDEN NAME

Angelina Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Lena Inloes 610 N. East Avenue

18. 446 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIOSCLEROSIS

DUE TO

10 Yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE: (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CHR. INTERSTITIAL NEPHRITIS

DUE TO

2 Yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1948, to DEC 12, 1952, that I last saw the
deceased alive on 12-12, 1952, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23A. SIGNATURE

James F. Kavanaugh M.D.

M. O.

23B. ADDRESS

3014 Mc Ederly St

23C. DATE SIGNED

12-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county)

5712 O'Donnell Street

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1952

Huntington Williams, M.D.

Frederick D. Miller, Inc 3019 E. Monument St

VS 150

0520011303

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

400
52 11312BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11312
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sister Consilia Kelly</i>			2. DATE OF DEATH <i>12-13-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4420 Reisterstown Road Balto</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>NY</i> COUNTY <i>New York</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Seton Institute</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Bronx, New York</i>		
c. Length of stay in Baltimore <i>2 Mo. - 23 days</i>			D. STREET ADDRESS (If rural, give location) <i>1899 Daly Avenue</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>unknown</i>	9. AGE (in years last birthday) <i>74 yrs</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Catholic Sister</i>			11. BIRTHPLACE (State or foreign country) <i>Brooklyn, New York</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Thomas Kelly</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>None</i>			ADDRESS		

18. <i>492X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Pneumonia</i> DUE TO <i>Virus - infection</i> (B) <i>Chronic myocarditis</i> DUE TO <i>General arteriosclerosis + hyper-</i> (C) <i>tension</i> <i>Psychom with arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>2 years</i> <i>10 years</i> <i>ab. one year</i>
--	--	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept. 20, 1952* to *Dec. 13, 1952*, that I last saw the deceased alive on *Dec. 13, 1952*, and that death occurred at *9 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Walm V. Jahreis* M. D. 23B. ADDRESS *4212 Parkers Ave Balto* 23C. DATE SIGNED *Dec. 13.52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec-16-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Greenburg, New York</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Stewart & Mowen Co.</i>	ADDRESS <i>108 W. North An</i>

0788W

City #1.

-426
52 11343BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11313
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Barbara A. Delcher			2. DATE OF DEATH Dec. 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2757 W. North Ave., 25-- Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2757 W. North Ave.,		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 24, 1871	9. AGE (In years last birthday) 81	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Fahrney			14. MOTHER'S MAIDEN NAME Barbara Faulder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mrs. Rose Putens 2757 W. North Ave.,		

18. 592x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Neurile DUE TO Chr. Myocarditis DUE TO Chr. Int. Neph DUE TO 1948 1948	CAUSE OF DEATH Cerebral Neurile Chr. Myocarditis Chr. Int. Neph	INTERVAL BETWEEN ONSET AND DEATH 12-11-52 1948 1948
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 10, 1950**, to **Dec. 13, 1952**, that I last saw the deceased alive on **Dec 13, 1952**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23A. SIGNATURE Paul Brown	23B. ADDRESS M. D. 3602 Reisterstown Rd	23C. DATE SIGNED 12-13-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-15-1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR G. Howard Strong	ADDRESS 3207 W. North Ave.,

M. Brian
3602 L.B.H. Ave

12 - 1 pm

262
52 11314BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11314

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VINCENT DI GIORGIO OR DI GEORGE

2. DATE

OF

DEATH DECEMBER 11 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1204 S. Conkling St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1204 S. Conkling St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

APRIL 10 1884

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months: Days Hours: Min.

8 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Long Shoreman

10B. KIND OF BUSINESS OR INDUSTRY

Beillain S.S.Co.

11. BIRTHPLACE (State or foreign country)

VICO CARGANICO-Foggia Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lorenzo Di Giorgio

14. MOTHER'S MAIDEN NAME

Antonetta Campobasso

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-09-3900

17. INFORMANT

ADDRESS

Maria Di Giorgio 1204 S. Conkling St.

18. 4/20.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11/52 to 12/11/52, that I last saw the
deceased alive on 12/11/52, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Michael F. Kunkowski

M. D.

23B. ADDRESS

1076 S. East Ave

23C. DATE SIGNED

12/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

December 15/52 Holy Redeemer

24C. NAME OF CEMETERY OR CREMATORY

Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Della Voce

ADDRESS

322 S. High St.

DEC 14 1952

VS 150

MEDICAL CERTIFICATION

correct age as especially important. Physicians, please write the causes of death clearly and legibly.

1981 5

U. S. A.

1981 5

-650
52 11345BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11345
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie B. Green

2. DATE
OF
DEATH

12/11/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

328 N. Mount St

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-01

o. STREET ADDRESS (If rural, give location)

328 N. Mount St

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

11/16/1888

9. AGE (In years last birthday)

64

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Carter

14. MOTHER'S MAIDEN NAME

Betty ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

William W. Green 328 N. Mount St

ADDRESS

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

CORONARY OCCCLUSION

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

HYPERTENSIVE CARDIOVASCULAR DISEASE

?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1952 to 12-11, 1952 that I last saw the deceased alive on 12-11, 1952, and that death occurred at 11:25 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris

M. O.

23B. ADDRESS

1824 W. Franklin St.

23C. DATE SIGNED

12-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

12/15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. W.

25. FUNERAL DIRECTOR

Charles A. Rice 661 W. Baver St

ADDRESS

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

635

52 11316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11316
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr RAYMOND Gardner

2. DATE OF DEATH DEC 14 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md. Kent

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location)

Chestertown 64-31

c. Length of stay in Baltimore

2

Yrs.
Mos.
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

male white married

8. DATE OF BIRTH

9-23-03

9. AGE (In years last birthday)

49

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DR. OF SCIENCE & HYGIENE (SCHOOL INDUSTRY)

11. BIRTHPLACE (State or foreign country)

INDIANA

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

FRED GARDNER

14. MOTHER'S MAIDEN NAME

LILLY NICHOLSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

DONT KNOW

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 4/20/1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial infarction, Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease

(C) Pulmonary emboli, multiple

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-12-1952 to 12-14-1952 that I last saw the deceased alive on 12-14-1952 and that death occurred at 6:59 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Norman Edman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Dec 17 1952

24C. NAME OF CEMETERY OR CREMATORY

ST. PAUL CEM.

24D. LOCATION (City, town, or county)

NR. CHESTERTOWN

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1952

Huntington Williams, M.D.

J. Willis Wells

Chestertown Md

MEDICAL CERTIFICATION

20-11-1968

RECEIVED
11-11-1968

11-11-1968

RECEIVED
11-11-1968

RECEIVED
11-11-1968

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11-11-1968

RECEIVED
11-11-1968

52 11347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11347

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis DiGennaro

2. DATE
OF
DEATH

Dec. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

So. Balto. Gen. Hosp.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/7/1886

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Tailoring

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ismalae DiGennaro

14. MOTHER'S MAIDEN NAME

Cambidelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna DiGennaro 114 Warren Ave.

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial Infarction
DUE TO

30 mins

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Coronary Thrombosis
DUE TO
(C) Arteriosclerosis & Atherosclerosis

30 min

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946 to Dec 10, 1952, that I last saw the
deceased alive on 11-17-, 19 52, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/15/52

New Cathedral

Old Frederick Road

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

Huntington Williams, M.D.

JOHN F. DENNY, INC. 715 Light St.

VS 150

1 0 5 2 0 590463 0 9

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Dr. Larence Serna

11 E Chase

8-12 Ave

52 11318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11318

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENT, ANNA, A.

2. DATE
OF
DEATH

14 DEC. 52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

FRANKLIN SQ HOSPITAL

c. Length of stay in Baltimore

Unknown

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

8 S. CAREY ST.

8. DATE OF BIRTH

3/28/1904

9. AGE (in years
last birthday)

42

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Ralph DOMER

14. MOTHER'S MAIDEN NAME

MARY E. CHURCHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Gilbert Bent

ADDRESS

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, apoplexy, etc. It means the disease,
injury or complication which caused death.)

(A)

Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Nephrosclerosis

DUE TO

(C)

Malignant Hypertensive Cardiovascular Disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cirrhosis of Liver; pulmonary edema

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATH

3+ weeks

21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 14 Dec. 1952, to 14 Dec. 1952, that I last saw the
deceased alive on 14 Dec. 1952 and that death occurred at 1400 M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

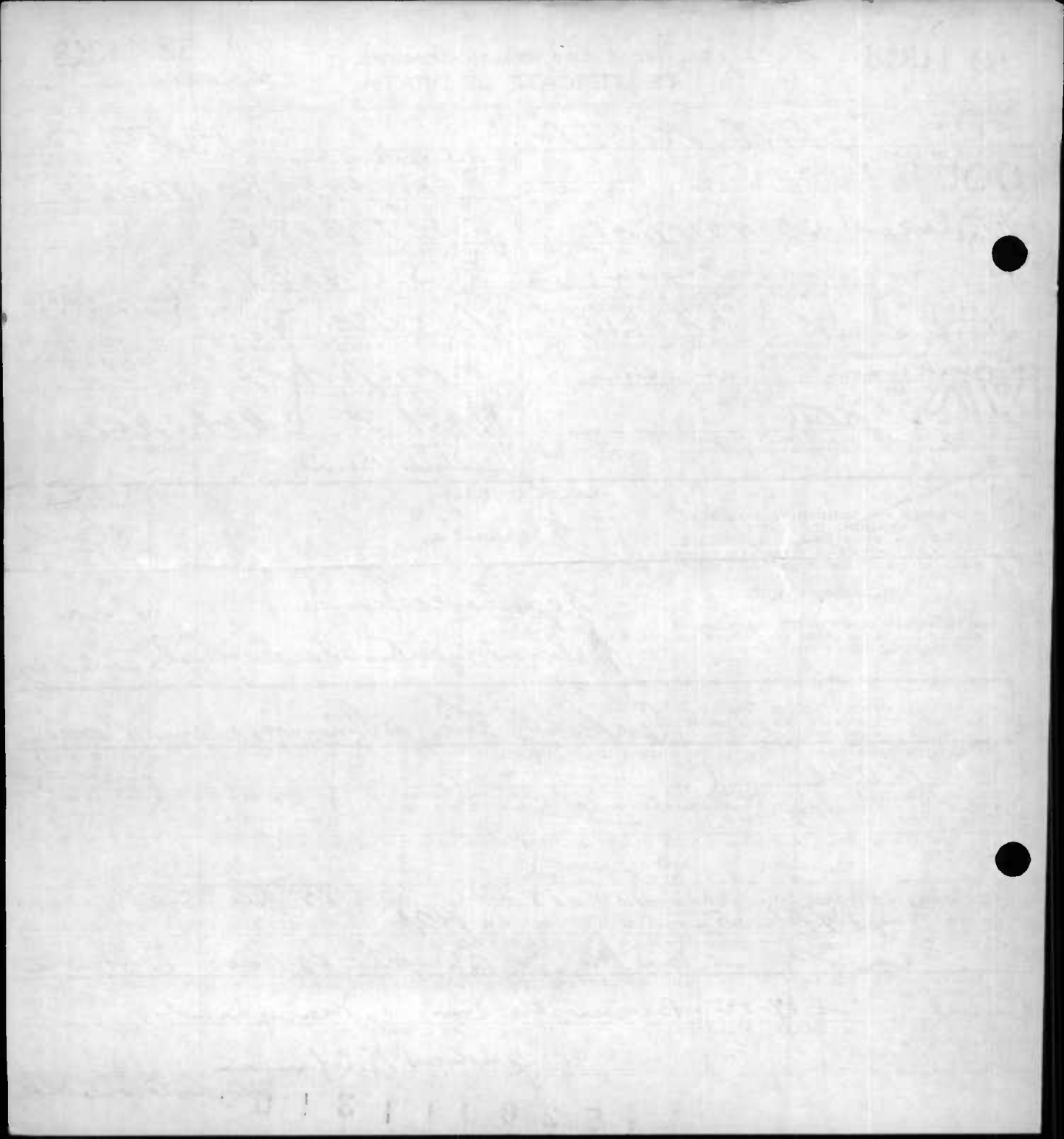
25. FUNERAL DIRECTOR

ADDRESS

VS 150

952001131

Hagerstown Md



52 11349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11349

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Philip Brown

2. DATE
OF
DEATH

Dec. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital, or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1449 Andre St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

24-61

D. STREET ADDRESS (If rural, give location)

1449 Andre St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 25, 1879

9. AGE (In years
last birthday)

73 yrs

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

operator

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore Transit Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William O. Brown

14. MOTHER'S MAIDEN NAME

Margaret Hartmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-10-0719

17. INFORMANT

ADDRESS

Mr. Wm. H. Brown, 4508-B Manordene Rd.

18. 42010

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio sclerotic heart
disease.

DUE TO

?

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 12/32, 19 to 12/12, 1952 that I last saw the
deceased alive on 12/11, 1952, and that death occurred at 10 Am., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel

M. D.

23B. ADDRESS

1226 S. Hanover St.

23C. DATE SIGNED

12/12/52.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

mt Olivet Cem

24D. LOCATION (City, town, or county)

Fredk Ave Balt Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

E Willoughby

ADDRESS

4510 Liberty
Heights Ave.

SECRET

[Faint, mostly illegible text covering the main body of the page, possibly containing a list or detailed report. Two punch holes are visible on the right margin.]

-420
52 11320BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11320
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HILDA CLASH		Dec. 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
South Baltimore General Hosp.		Baltimore 23-01	
5. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		1005 Creek Alley	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	Colored	S	10/4/1907
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Housewife			45
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
John Clash		Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME	
		Barbara Parker	
16. SOCIAL SECURITY NO.		17. INFORMANT	
		John Cornelius Clash	
		8 ADDRESS	
		Leadenhall St	

18. 490x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Emphyema

DUE TO Lobar pneumonia

ANTECEDENT CAUSES

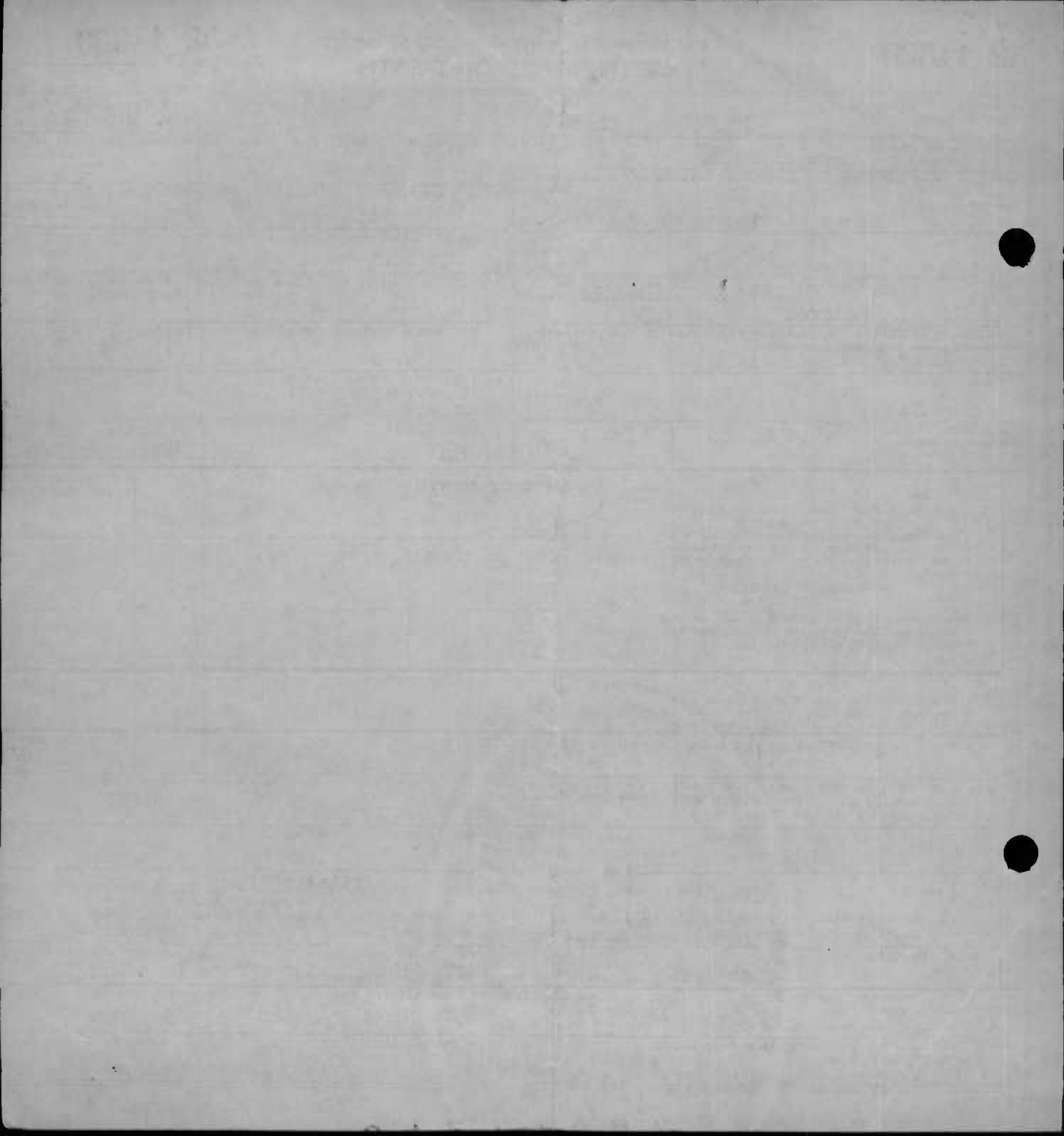
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)
(D)
(E)
(F)
(G)
(H)
(I)
(J)
(K)
(L)
(M)
(N)
(O)
(P)
(Q)
(R)
(S)
(T)
(U)
(V)
(W)
(X)
(Y)
(Z)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
				Dec. 11, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/15/52	Mt Auburn Ct	Balto City
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	
DEC 15 1952	Huntington Williams, M.D.	Isaiah L Brown & Son	



52 11321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11321

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LENA

SPAHN

2. DATE
OF
DEATH

12-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Levendale

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

49

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Coronary thrombosis
arteriosclerosis5 days
years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 15, 1952 to 12-13, 1952 that I last saw the
deceased alive on 12-13, 1952, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Henry Nagel

M. D.

Levendale Home

12-13-52

Burial

12-15-52

Herring Run

Balto

Md

DEC 15 1952

Huntington Williams, M.D.

Jack Lewis, Jr. 2100 Canton Pl

VS 150

VS 150

VS 150

VS 150

1914

1914

WATLEY
CONGRESS
BOND
HONORABLE

1914

540
52 11322BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11322

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID P. CONNELLY

2. DATE
OF
DEATH

Dec. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2209 Hamilton Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2209 Hamilton Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 17, 1888

9. AGE (in years
last birthday)

64

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Real Estate

10B. KIND OF BUSINESS OR
INDUSTRY

Salesman

11. BIRTHPLACE (State or foreign country)

Chestertown, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John F. Connelly

14. MOTHER'S MAIDEN NAME

Henrietta L. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-01-8056

17. INFORMANT

ADDRESS

Mrs. Margaret M. Connelly, same

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

*Arterio sclerotic cardiac
irregular changes to
cardiac hypertrophy, chronic
passive congestion
Diabetes mellitus*

?

6 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to Dec 14, 1952, that I last saw the deceased alive on Dec 14, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/17/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

82-11-23

DATE OF DEATH: 1961-11-19

PLACE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

CAUSE OF DEATH: [illegible]

MANNER OF DEATH: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

CAUSE OF DEATH: [illegible]

MANNER OF DEATH: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

CAUSE OF DEATH: [illegible]

DATE OF DEATH: 1961-11-19

PLACE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

CAUSE OF DEATH: [illegible]

MANNER OF DEATH: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

CAUSE OF DEATH: [illegible]

MANNER OF DEATH: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

CAUSE OF DEATH: [illegible]

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John M. McCall

SR-

2. DATE
OF
DEATH

Dec. 12 '1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

6. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Margaret General Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m.

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-07

D. STREET ADDRESS (If rural, give location)

2905 Northern Parkway

8. DATE OF BIRTH

Dec 30 1892

9. AGE (In years last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self Emp -

10B. KIND OF BUSINESS OR INDUSTRY

Coal Broker

13. FATHER'S NAME

Robert G. McCall

(w)

14. MOTHER'S MAIDEN NAME

Louise Lambert

12. CITIZEN OF WHAT COUNTRY?

American

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

818-03-0302

17. INFORMANT

ADDRESS

Mrs. SARAH McCall -

SAME

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis, primary

DUE TO ca. of lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Sept. 30, 1952 to Dec. 12, 1952, that I last saw the deceased alive on Dec. 12, 1952 and that death occurred at 7:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. L. Linn

M. D.

23B. ADDRESS

2nd. General Hospital

23C. DATE SIGNED

Dec. 12 '1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/15/52

Druid Ridge

BALTO

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

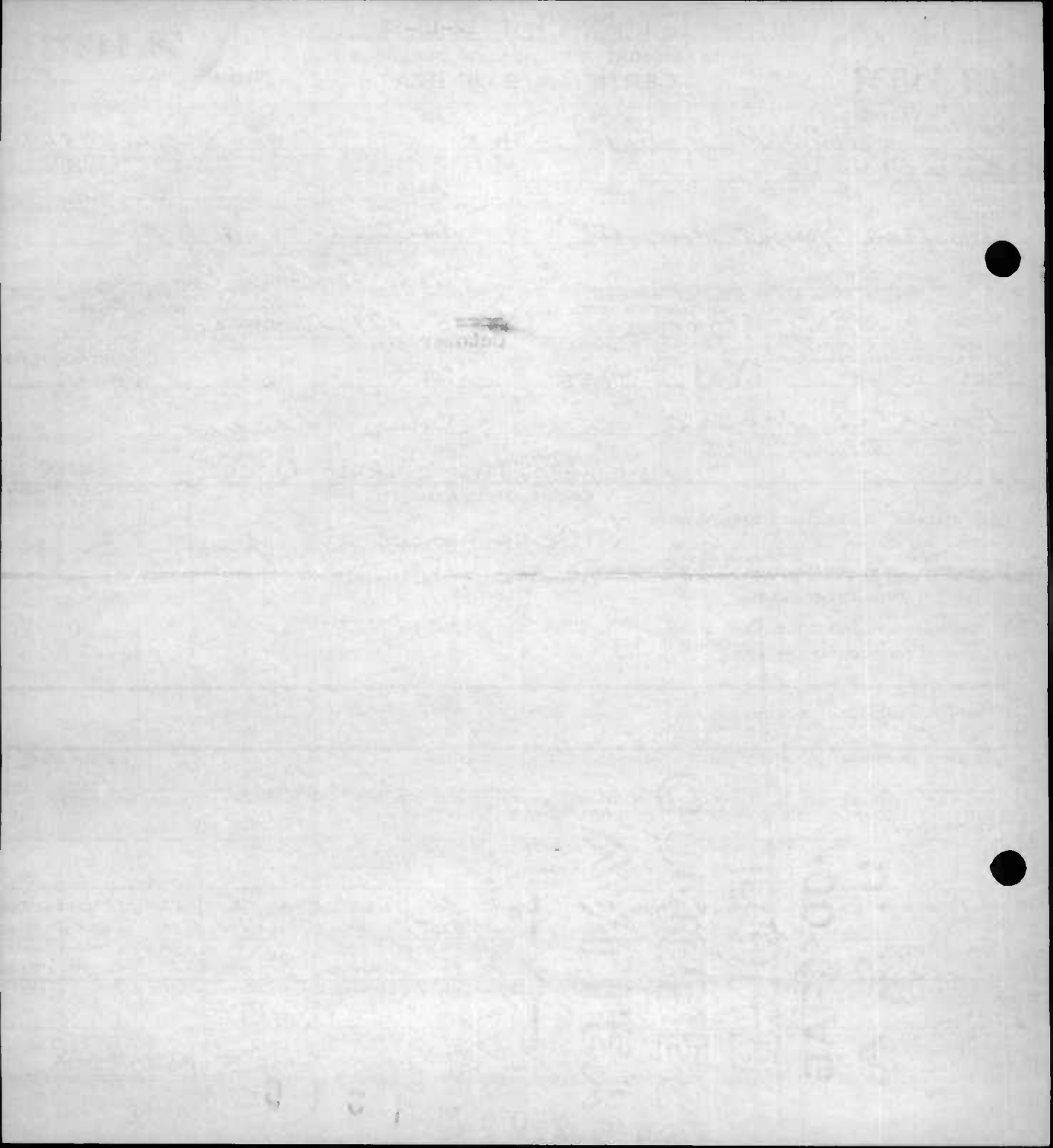
ADDRESS

DEC 15 1952

Huntington Williams, M.D.

L. J. Ruck

5305 Harford



Dr. H. Melfarb
1801 N. Eutaw Place
52 11324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11324
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE SNACK

2. DATE

OF
DEATH

Dec. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4204 La Salle Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

O. STREET ADDRESS (If rural, give location)

4204 La Salle Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE. MARRIED.

WIDOWED. DIVORCED (Specify)
single

8. DATE OF BIRTH

Oct. 20, 1877

9. AGE (In years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John H. Snack

14. MOTHER'S MAIDEN NAME

Elizabeth Combs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John Alexander, 4204 La Salle Ave

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

3 weeks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Arteriosclerosis

DUE TO

1 year.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Dec 13, 1952, that I last saw the deceased alive on Dec 13, 1952, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. Melfarb

M. D.

1801 Eutaw Pl

12/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

VS 150

0520011316

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

52 11325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11325

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)M.
BERTHA WEISMAN2. DATE
OF
DEATH

DECEMBER 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SOUTH BALTIMORE GEN. HOSPITAL

5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SEPARATED

8. DATE OF BIRTH

JAN. 10, 1899

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESLADY

10B. KIND OF BUSINESS OR
INDUSTRY

DEPT. STORE

13. FATHER'S NAME

George Ward

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mamie (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-32-4595

17. INFORMANT

ADDRESS

Clarence Beard 4715 Venedict Court

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

(B)

HYPERTENSIVE CARDIOVASCULAR DISEASE

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

ARTERIOSCLEROSIS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

HYPOSTATIC PNEUMONIA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 12/11/52, 19, to 12/12/52, 19, that I last saw the
deceased alive on 12/12/52, 19, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. W. Conway

M. D.

23B. ADDRESS

South Baltimore Building

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

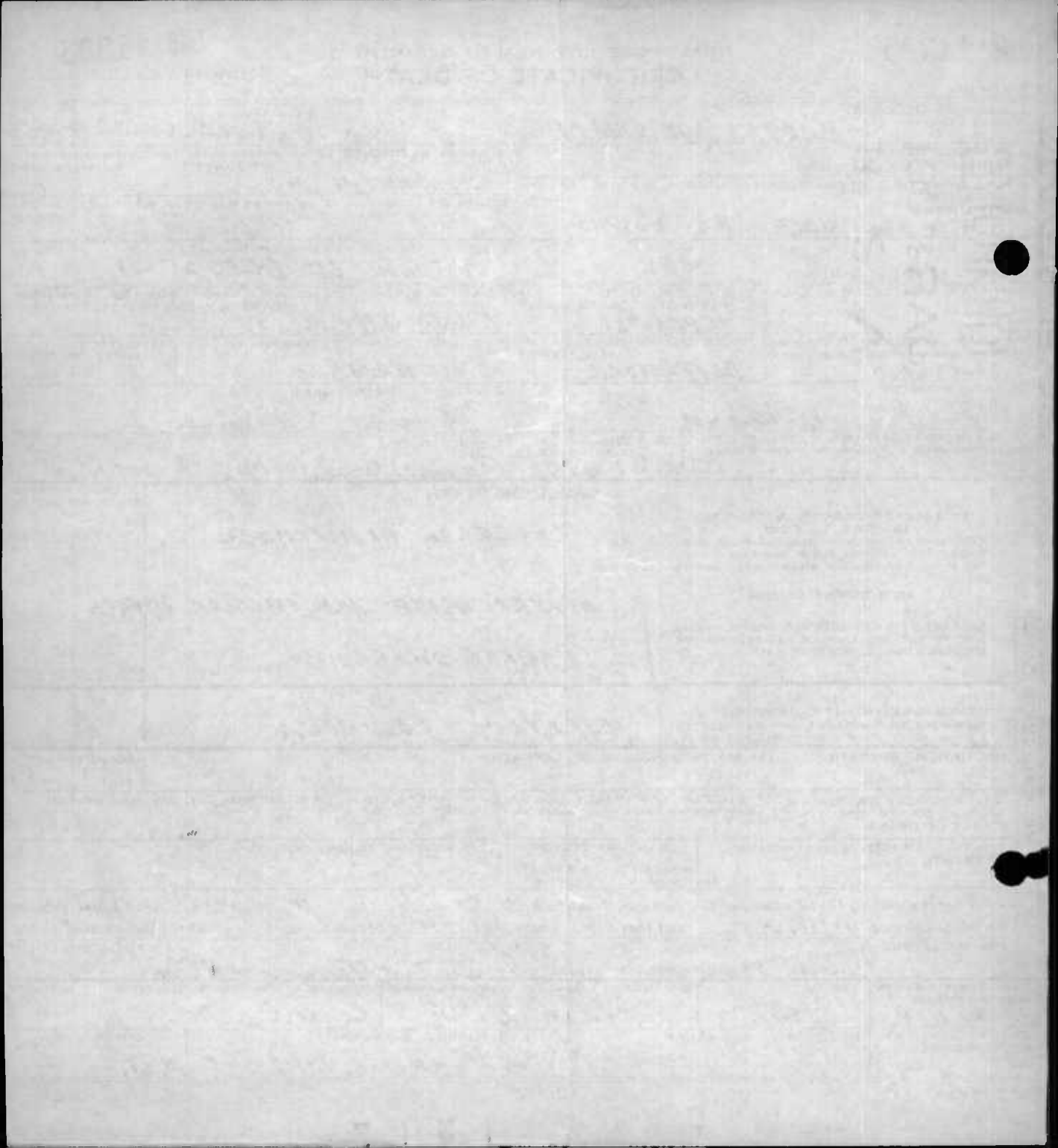
Huntington Williams, M.D.

Wm. Cox Inc. 1217 St. Paul St.

VS 150

1 5 2 490 6C 3 1 7

MEDICAL CERTIFICATION



340
52 11326BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11326
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Whitley

2. DATE
OF
DEATH

12-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5250

D. STREET ADDRESS (If rural, give location)

5312 Patrick Henry Drive

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/5/1913

9. AGE (in years
last birthday)

39

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

13. FATHER'S NAME

Charles Dow

11. BIRTHPLACE (State or foreign country)

N.Y. City N.Y.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Jennie Foley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Ernest V. Whitley Patrick Henry Drive

18. E902.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) ① Laceration of the Roof, Left
② Laceration of Diaphragm, Left
DUE TO ③ Multiple Fracture of the
Ribs Bilateral
(B) ④ Technical Complication of the
Members
DUE TO ⑤ Fracture of the Sternum Simple
(C) ⑥INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

William H. [Signature]

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH ☐21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

5312 Patrick Henry Drive

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

12-7-52

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell out window to pavement while painting window

22. I hereby certify that I attended the deceased from 12-7-52 to 12-12-52, 1952, that I last saw the deceased alive on 12-12-52, 1952 and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W.M. Conway M.D.

23B. ADDRESS

South Baltimore Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/15/52

24C. NAME OF CEMETERY OR CREMATORY

St. Raymonds

24D. LOCATION (City, town, or county)

West Chester N.Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

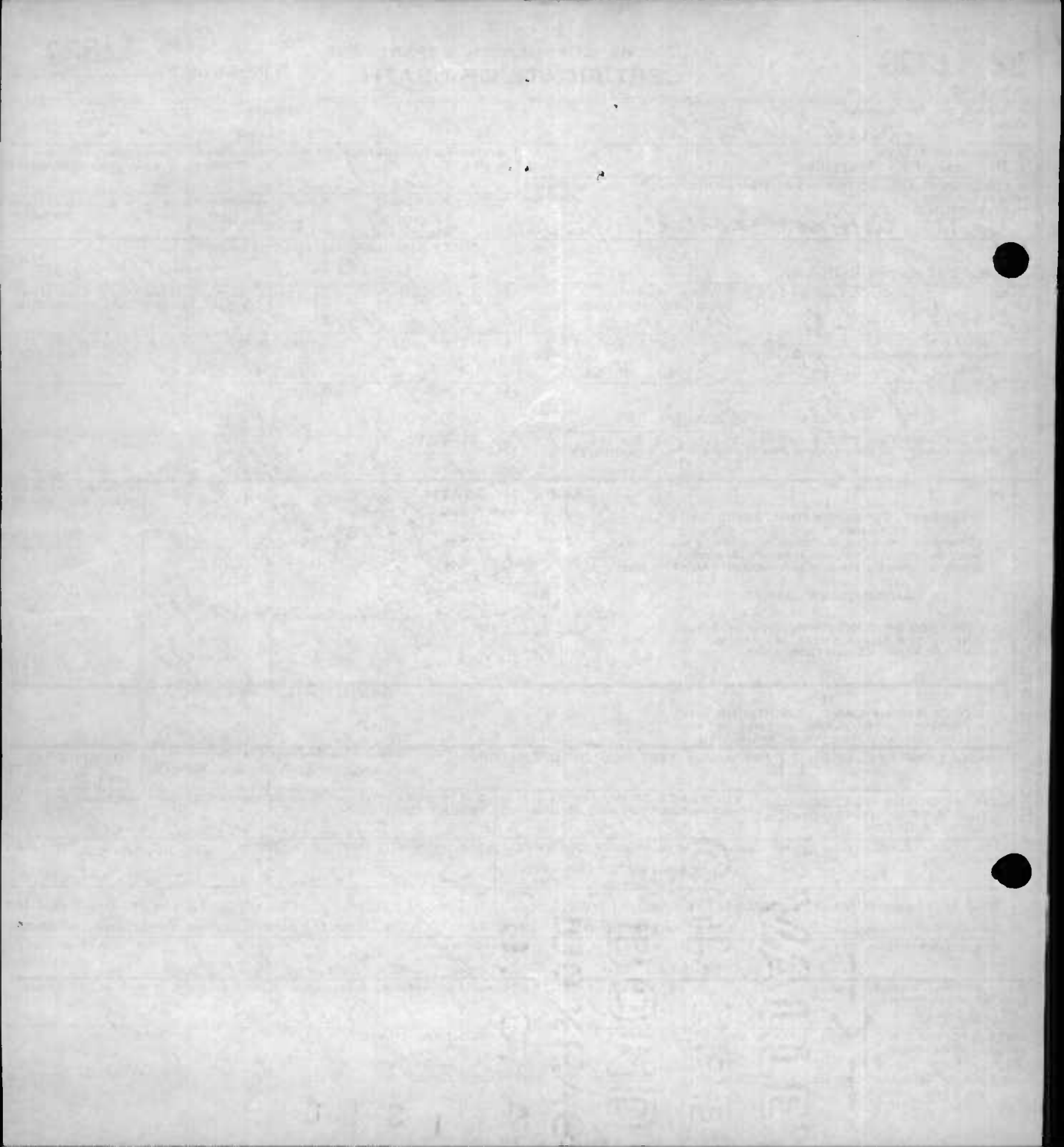
Cok, Inc 1217 St. Paul St.

ADDRESS

VS 150

N 867.2

9520011310



52 11327

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11327
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard G. Davis

2. DATE
OF
DEATH

Dec. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4019 Eighth St.

c. Length of stay in Baltimore

30 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 3, 1897

9. AGE (In years
last birthday)

55

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Brooklyn Vet. Cab

13. FATHER'S NAME

----Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

215 01 1570

17. INFORMANT

ADDRESS

Mrs. Carrie Davis, 4019 Eighth St

CAUSE OF DEATH

18. 163X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

generalized carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

carcinoma lung

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 194, to Dec 1952, that I last saw the
deceased alive on Dec 12, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Philip W. Kurota

M. D.

23B. ADDRESS

312 Patapasco Av

23C. DATE SIGNED

12/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 15/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walhaus, M.D.

25. FUNERAL DIRECTOR

Harry N. Witzke

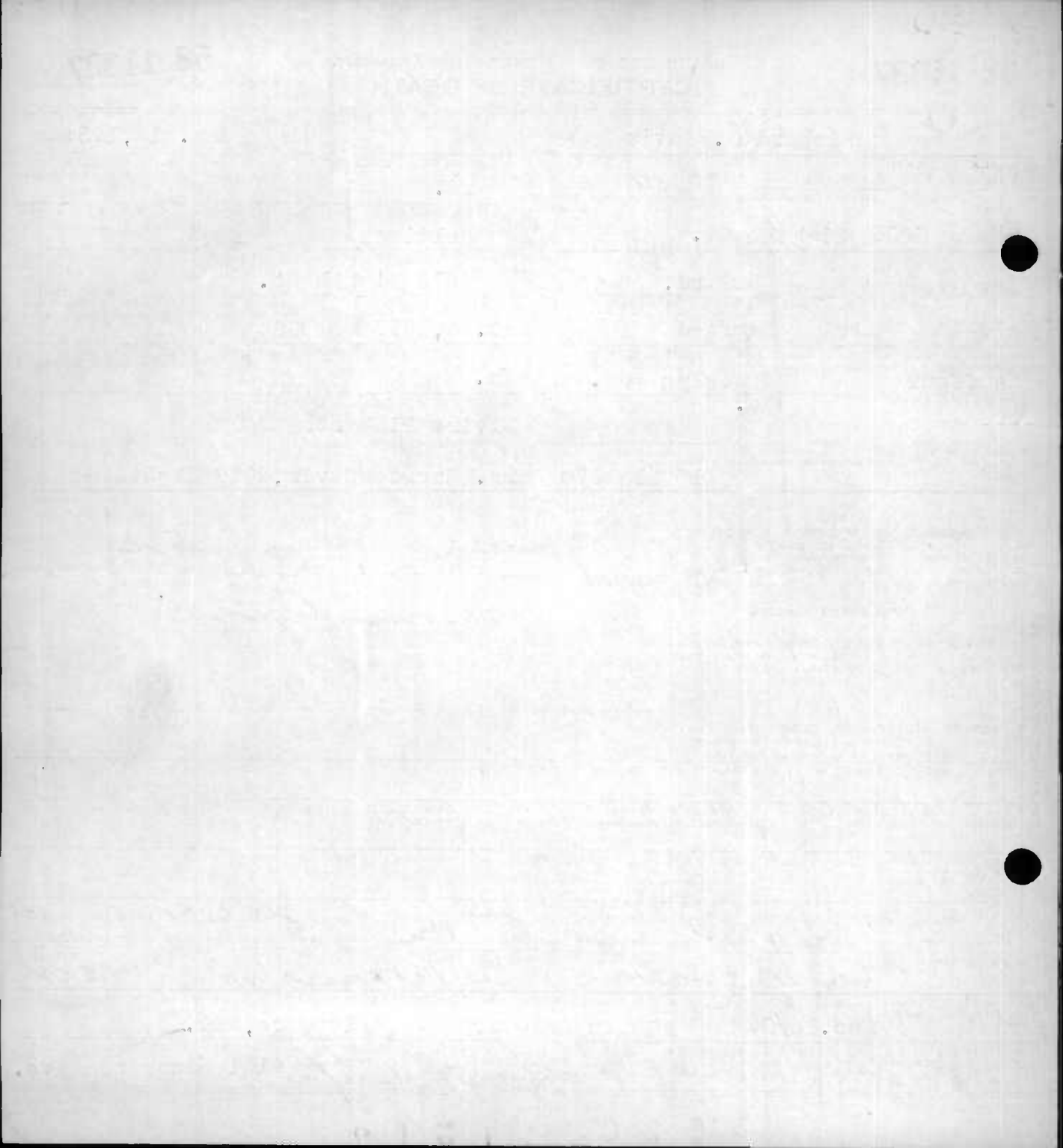
ADDRESS

4101 Edmondson Ave.

VS 150

1952 68254 1319

MEDICAL CERTIFICATION



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11328
Registered No. 52 11328

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stanley H. Robinson

2. DATE
OF
DEATH

Dec. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1829 Walbrook Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1829 Walbrook Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 15, 1876

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Summie Robinson

14. MOTHER'S MAIDEN NAME

Jennie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS 1829
Mrs Estella Robinson Walbrook Ave.

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

Carcinoma of Prostate

14 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 10-1-1951, to 12-13-1952, that I last saw the
deceased alive on 12-17-1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12-16-52

Mt. Auburn Cem

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

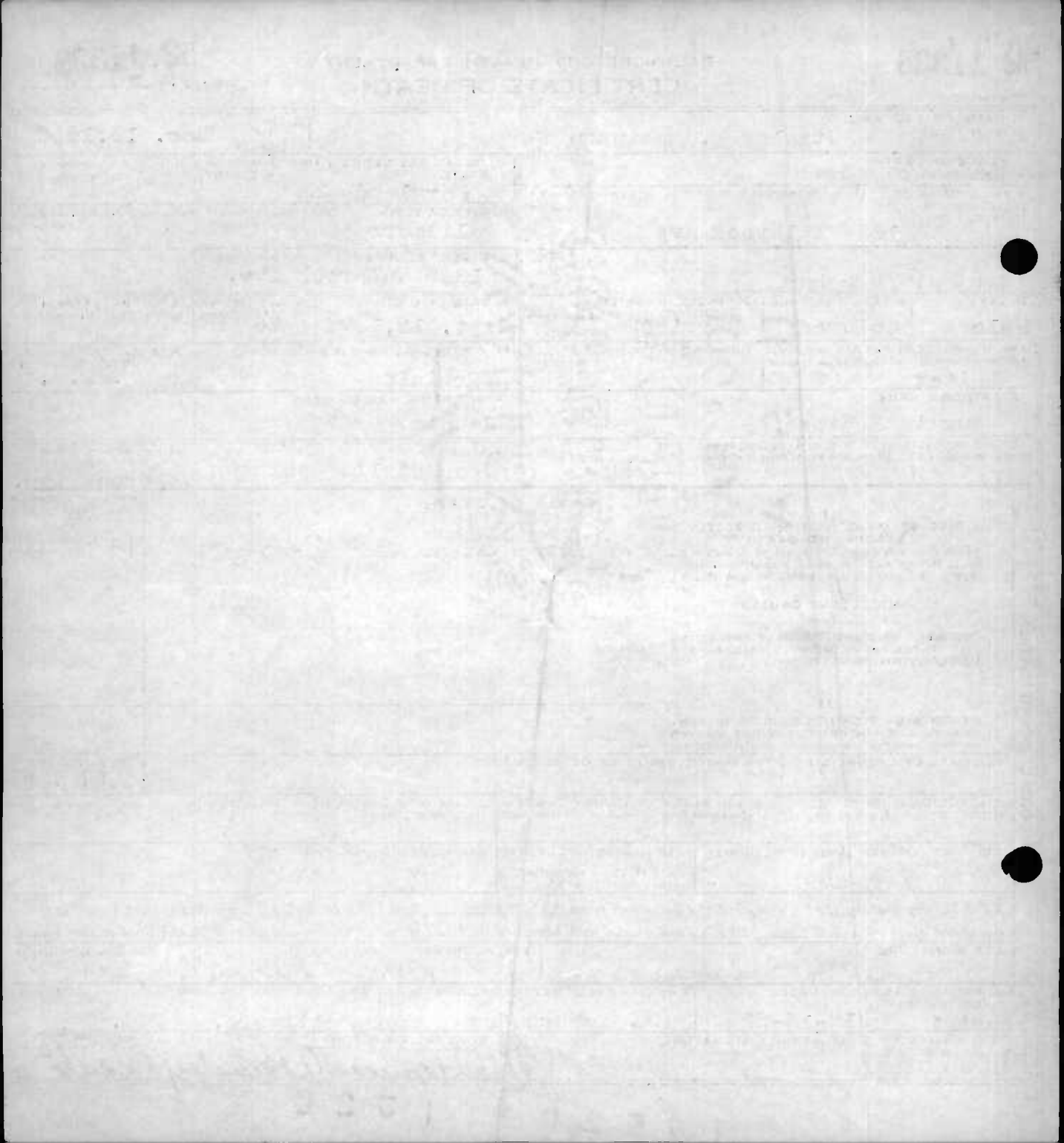
DEC 15 1952

Huntington Williams, M.D.

Mrs. Frances G. Hensley Biddle

VS 150

9520011320



615
52 11329

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11329
Registered No.

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)						
Mary Dudley Corbin						
2. DATE OF DEATH						
Dec 12, 1952						
3. PLACE OF DEATH: A. Baltimore City, Maryland						
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION						
1352 n. Stricker st						
c. Length of stay in Baltimore						
Yrs. Mos. Days						
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
A. STATE B. COUNTY						
md						
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
Balto 15-01						
D. STREET ADDRESS (If rural, give location)						
1352 n. Stricker st						
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days	11. Under 24 Hours Hours Min.
7	c	D.	March 29, 1891	61		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Domestic				Va		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
Albert Dudley				16. SOCIAL SECURITY NO.		
		17. INFORMANT		2587 ADDRESS		
		Edith Corbin Green		Edmondson ave		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
(A) DUE TO		CARDIO VASCULAR DISEASE		2 YRS.		
ANTECEDENT CAUSES		(B) DUE TO		2 YRS		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		HYPER TENSION				
		(C) DUE TO		OBESITY		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov 1, 1952 to DEC 12, 1952, that I last saw the deceased alive on DEC 4, 1952, and that death occurred at 12 p.m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED
William Frey M.D.		1928 PENNA AVE		12/15/52		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
Burial		12-16-52		Arbutus		md
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS
DEC 15 1952		Huntington Williams, M.D.		Geo. S. Nelson		

7208A 1 31203 Prestman st

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100

100

CERTIFICATE OF DEATH

100



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11330

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

LEWIS

2. DATE
OF DEATH December 13, 1952

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident

c. Length of stay in Baltimore

5. SEX Female
6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ruth Lewis 1610 Edmondson ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

[Signature]

23b. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23c. DATE SIGNED Dec. 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

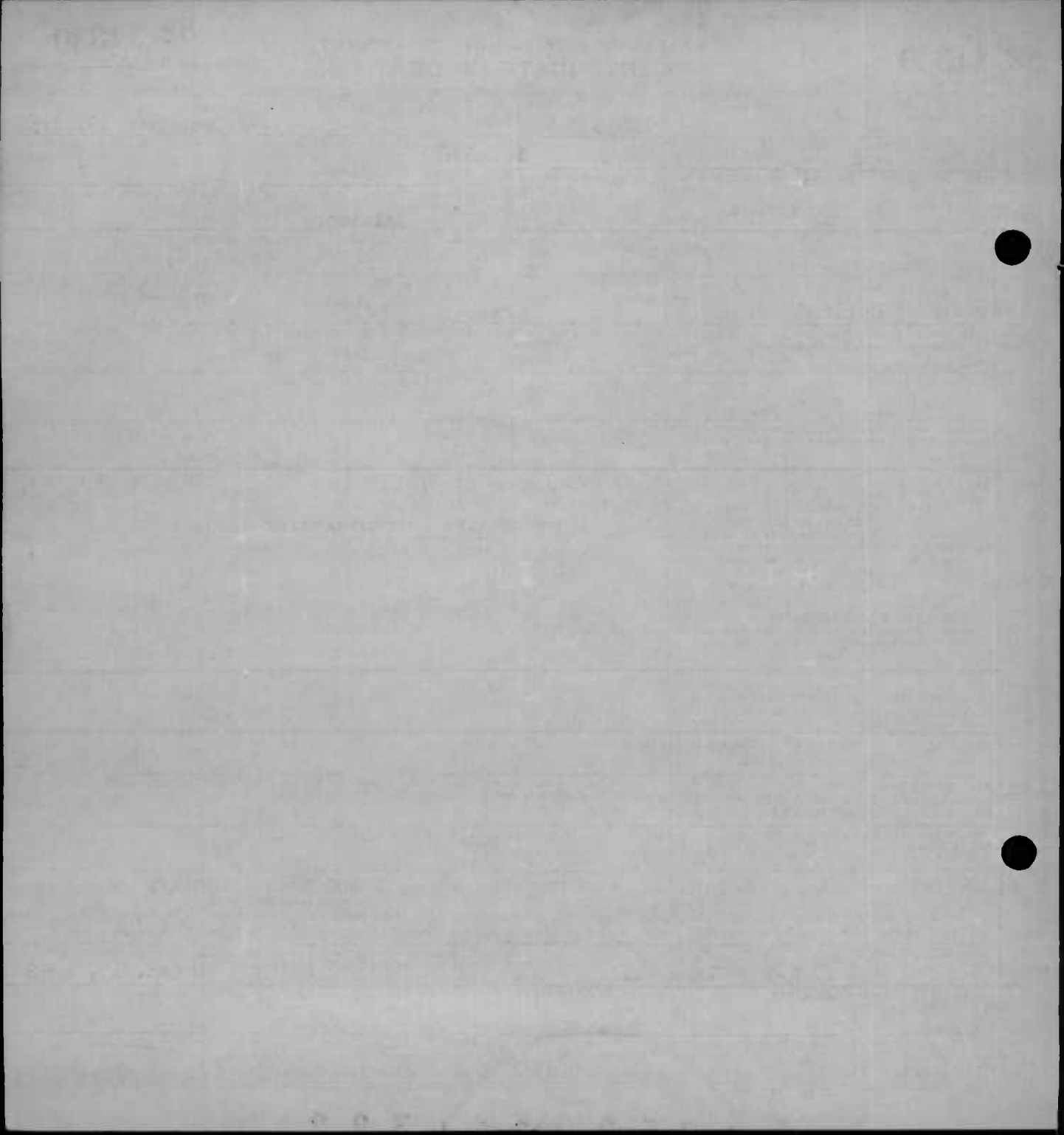
25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

Huntington Williams, M.D.

Geo H. Edson 1303 Prentman St



520
52 11331
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11331

Registered No.

1. NAME OF DECEASED (Type or Print) ALICE YOUNG		2. DATE OF DEATH Dec 10 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 13-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1200 Clendenin St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1200 Clendenin St	
5. SEX 7	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 4/6/85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 67
13. FATHER'S NAME Samuel Young		11. BIRTHPLACE (State or foreign country) Balto - MD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Fannie Emory	
17. INFORMANT Florence Singleton Clendenin St		ADDRESS 1200	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Arteriosclerosis DUE TO INTERVAL BETWEEN ONSET AND DEATH ?			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE: (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1951 , to 12-11 , 19 52 , that I last saw the deceased alive on 12-11 , 19 52 , and that death occurred at 8:45 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Edenford P. Townsend M. D.		23B. ADDRESS 2309 Dundell Hill Ave	
23C. DATE SIGNED 12-11-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-15-52	
24C. NAME OF CEMETERY OR CREMATORY Arboretum		24D. LOCATION (City, town, or county) (State) MD	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Des. J. Nelson		ADDRESS 1303	

MINISTRE DE LA SANTE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1981

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

DATE OF DIVORCE

DATE OF REENTRY

DATE OF DEPORTATION

DATE OF CITIZENSHIP

DATE OF RESIDENCE

DATE OF ENTRY

DATE OF EXIT

DATE OF RETURN

DATE OF DEPARTURE

DATE OF ARRIVAL

DATE OF DEPARTURE

DATE OF ARRIVAL

DATE OF DEPARTURE

DATE OF ARRIVAL

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DATE OF ARRIVAL

DATE OF DEPARTURE

DATE OF ARRIVAL

620
52 11332BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX
52 11332
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Bessie. Frieze</u>			2. DATE OF DEATH <u>December 12, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>BALTO.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Orandale (22) 5353</u>		
c. Length of stay in Baltimore <u>23 Yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>6813 H. Calahund Ave.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-27-96</u>	9. AGE (In years last birthday) <u>56</u>	If Under 1 Year Months: <u>—</u> Days: <u>—</u> If Under 24 Hours Hours: <u>—</u> Min: <u>—</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>PENNA.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Wm. C. OVELMAN</u>		
14. MOTHER'S MAIDEN NAME <u>LILY KOORN</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		
16. SOCIAL SECURITY NO. <u>219-12-7522</u>			17. INFORMANT <u>CHESTER B. FRIEZE</u>		
ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>			ADDRESS <u>SAME</u>		

18. <u>420.1 and 260X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <u>Myocardial infarction</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Coronary artery disease</u> DUE TO	<u>5 yrs.</u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <u>Diabetes mellitus</u>	<u>10 yrs.</u>

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1952, to 12-12, 1952, that I last saw the deceased alive on 12-12, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE <u>John H. Hordkwan</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>12-12-52</u>
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24A. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>12-16-1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>MEADOWBRIDGE</u>	24D. LOCATION (City, town, or county) (State) <u>WASH. BLVD. MD.</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 15 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Walter Joseph Bradley, Rockville, Md.</u>	ADDRESS
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FEB 1973

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

TO: [Illegible]

FROM: [Illegible]

DATE: [Illegible]

CLASSIFICATION: [Illegible]

AUTHORITY: [Illegible]

ACTION: [Illegible]

REMARKS: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

[Illegible]

426
52 11333BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11333

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MISS CATHERINE GILCHRIST

2. DATE
OF
DEATH

12-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JENKENS MEM. HOSP.

C. Length of stay in Baltimore

80

YES
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. ~~SINGLE~~ MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

THOMAS GILCHRIST

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

OCT. 19, 1872

9. AGE (In years
last birthday)

80

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?
USA

14. MOTHER'S MAIDEN NAME

CATHERINE FEENEY

17. INFORMANT

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema.
Grade IV cardiac decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterioscl. Cardio Vasc. Renal Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized Arteriosclerosis
Acute paraplegia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1952, to 12-13, 1952, that I last saw the
deceased alive on 12-12, 1952, and that death occurred at 2:54 a.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATOR

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952
VS 150

Huntington Williams, M.D.

M. Fahy & Sons 401 SUFFOLK RD.

1520011325

— — — — —

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11334
Registered No.

652
52 11334

BIRTH NO. 52-31756

1. NAME OF DECEASED (Type or Print) Brink, Baby Boy			2. DATE OF DEATH 12/13/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home and Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk 22		
D. STREET ADDRESS (If rural, give location) 1830 Marshall Road					
5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant			8. DATE OF BIRTH 12/13/52		
9. AGE (In years last birthday) 50 MINS			10. CITIZEN OF WHAT COUNTRY? 50 MINS		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Mr. Paul Brink			14. MOTHER'S MAIDEN NAME Virginia Dixon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Anoxia			1 hr
DUE TO			
(B) Placenta Previa			9 Months
DUE TO			
(C)			
<p align="center">II</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES, OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE: (A) STATING THE UNDERLYING CONDITION LAST.</p>			
<p align="center">III</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>			

19A. DATE OF OPERATION 12/13/52		19B. MAJOR FINDINGS OF OPERATION Caesarean Section		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/13 , 19 52 , to 12/13 , 19 52 , that I last saw the deceased alive on 12/13 , 19 52 , and that death occurred at 11:00 A m., from the causes and on the date stated above.					
23A. SIGNATURE W. Reed Carroll		23B. ADDRESS Church Home & Hospital		23C. DATE SIGNED 12/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12-15-52		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. NAME OF FUNERAL DIRECTOR W. Reed Carroll		24F. ADDRESS Dundalk Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1952		REGISTRAR'S SIGNATURE W. Reed Carroll		25. FUNERAL DIRECTOR W. Reed Carroll	

WILSON, ROBERT A. 1910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11335

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN JAMES PLESK (or Pleasant)

2. DATE
OF
DEATH

Dec 14 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MARYLAND GENERAL HOSP.

C. Length of stay in Baltimore

LIFE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M.

B. DATE OF BIRTH

OCT. 20 1877

9. AGE (in years
last birthday)

65

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STORE KEEPER

10B. KIND OF BUSINESS OR
INDUSTRY

CONFECTIONERY STORE

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOSEPH PLESK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. John J. Plesk 7406 Phila Rd

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardio-
vascular disease with cardiac
decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased on _____, 19____, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE
Dr. J. H. Linn

M. D.

23B. ADDRESS

2nd. General Hospital

23C. DATE SIGNED

Dec. 14 1952

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

12/17/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cen

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

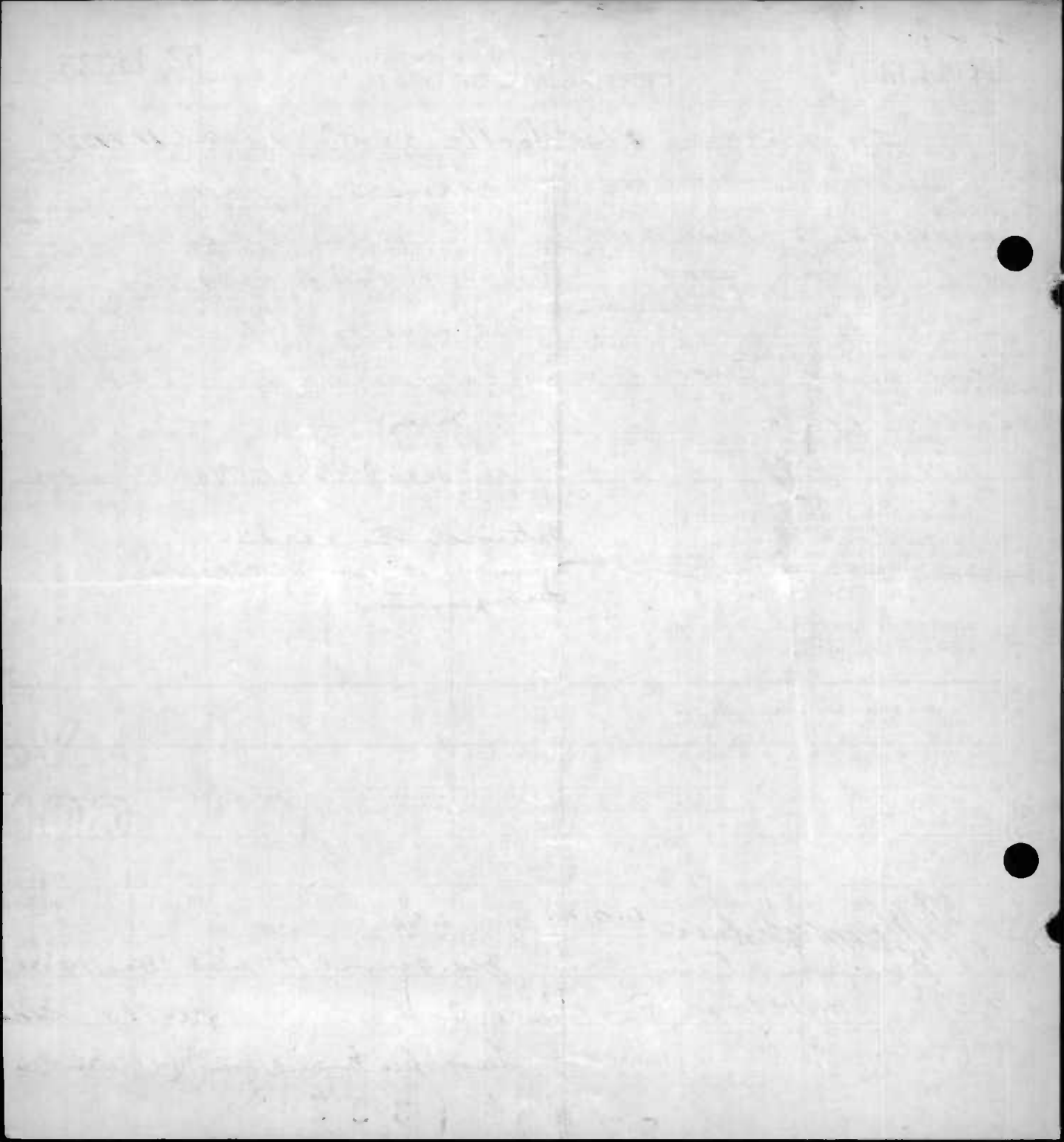
Lassaker Funeral Home 7401 Belair Rd.

VS 150

5 2906A 1327

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11336
Registered No. 52 11336

120
52 11336

BIRTH NO. 22-11859

1. NAME OF DECEASED (Type or Print) <u>James Davis</u>		2. DATE OF DEATH <u>Dec 13, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med. H. H. U. W.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>11-04</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>1229 McBrulloh St</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>5-20-52</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <u>6</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
13. FATHER'S NAME <u>James Davis</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Ruby Wilson</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	

18. <u>754.5</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bilateral bronchopneumonia & left atrial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>degeneration of the aorta and congestive cardiac failure</u>		<u>congenital</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-12-</u> , 19 <u>52</u> , to <u>12-13-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-13-</u> , 19 <u>52</u> , and that death occurred at <u>1:00 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>12/14/52</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Dec. 16, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>		24D. LOCATION (City, town, or county) (State) <u>Brooklyn, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
<u>DEC 15 1952</u>		<u>[Signature]</u>		<u>Joseph L. Rues</u>		<u>1206 S. Druid Hill Ave. Balt.</u>	

correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

10-2

THE STATE OF NEW YORK
IN SENATE
January 10, 1901

SENATE



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 11337**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH FRANCES WOOD

2. DATE
OF
DEATH

Dec. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1825 N. Broadway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1825 N. Broadway

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

B. DATE OF BIRTH

Apr. 24, 1866

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR INDUSTRY

clothing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John D. Wood

14. MOTHER'S MAIDEN NAME

Sarah Ann Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT **1825 N. Broadway**
Miss Mary A. Wood

18. **153X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of colon**

DUE TO

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **9-27-49, 1949**, to **12/13/1952**, that I last saw the deceased alive on **12/10/1952** and that death occurred at **10 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Wood

M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

12/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

12/15/52

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 13, MD

Henry J. Sander

DEC 15 1952

VS 150

19520211332

1957

MINISTRE DE LA SANTE
DEPARTEMENT DE LA SANTE
CERTIFICATE OF DEATH

DATE

HEALTH

LOCALITY

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

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NAME OF BURIAL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11338
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) VERONICA M. KORTER			2. DATE OF DEATH Dec. 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) 5313 Edmondson Avenue Hood Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 503 Rock Glen Road - 29		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 3, 1876	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Bauer			14. MOTHER'S MAIDEN NAME Elizabeth Bonnett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, as or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT 503 Rock Glen Rd. 29 Mrs. Wilmer H. Schulze		

MEDICAL CERTIFICATION

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) Coronary occlusion acute		Sudden
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) arteriosclerotic heart disease		5 yrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		osteoarthritis		5 yrs

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov , 1948, to Dec 13 , 1952, that I last saw the deceased alive on Dec 13 , 1952, and that death occurred at 12:50 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE Dr. J. Gave		23B. ADDRESS 1500 Willow Hill Ave		23C. DATE SIGNED 12/15/52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/16/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1952		REGISTRAR'S SIGNATURE Henry Sander & Sons, Inc.		25. FUNERAL DIRECTOR ADDRESS BALTO. 13, Md. George F. Sander

VS 150

1 9 5 2 0 0 1 1 3 3 0

correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. GOVERNMENT PRINTING OFFICE

10-70701-1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDNA PAMELA DODSON

2. DATE
OF
DEATH

Dec. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3309 Clifftmont Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3309 Clifftmont Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX
F

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Dec. 31, 1884

9. AGE (In years last birthday)
67

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Seamstress

10B. KIND OF BUSINESS OR INDUSTRY
Hutzlers-clothing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Andrew Dodson

14. MOTHER'S MAIDEN NAME

Fannie Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
215-09-2690

17. INFORMANT 3309 Clifftmont Avenue 13
Mrs Anna Dodson ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

6 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Hypertension

5 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-12, 1952, to 12-12, 1952, that I last saw the deceased alive on 12-12, 1952, and that death occurred at 3 p. m., from the causes and on the date stated above.

23A. SIGNATURE

V. D. Fisher

23B. ADDRESS

11 E. Chase St

23C. DATE SIGNED

12-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

12/16/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 15 1952

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

1952 633 69 11331

Hyperborea

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11340**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elsie M. Benner

2. DATE
OF
DEATH

December 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *3316 Ingleside Ave*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3316 Ingleside Avenue

C. Length of stay in Baltimore *Life*

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Maryland

D. STREET ADDRESS (If rural, give location)

3316 Ingleside Avenue

8. DATE OF BIRTH

Nov. 16, 1895

9. AGE (In years last birthday)

57

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Andrews

14. MOTHER'S MAIDEN NAME

Helena Sunderman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Harry C. Benner 3509 Choptank Ave

18. *155X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of Gall*

DUE TO *Bladder + Biliary Tract*

About 1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE: (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1948* to *Dec 13*, 1952 that I last saw the deceased alive on *12/13*, 1952, and that death occurred at *7:00* m., from the causes and on the date stated above.

23A. SIGNATURE

Julius C. Bluck

23B. ADDRESS

5356 Kensington Ave

23C. DATE SIGNED

12/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 15/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

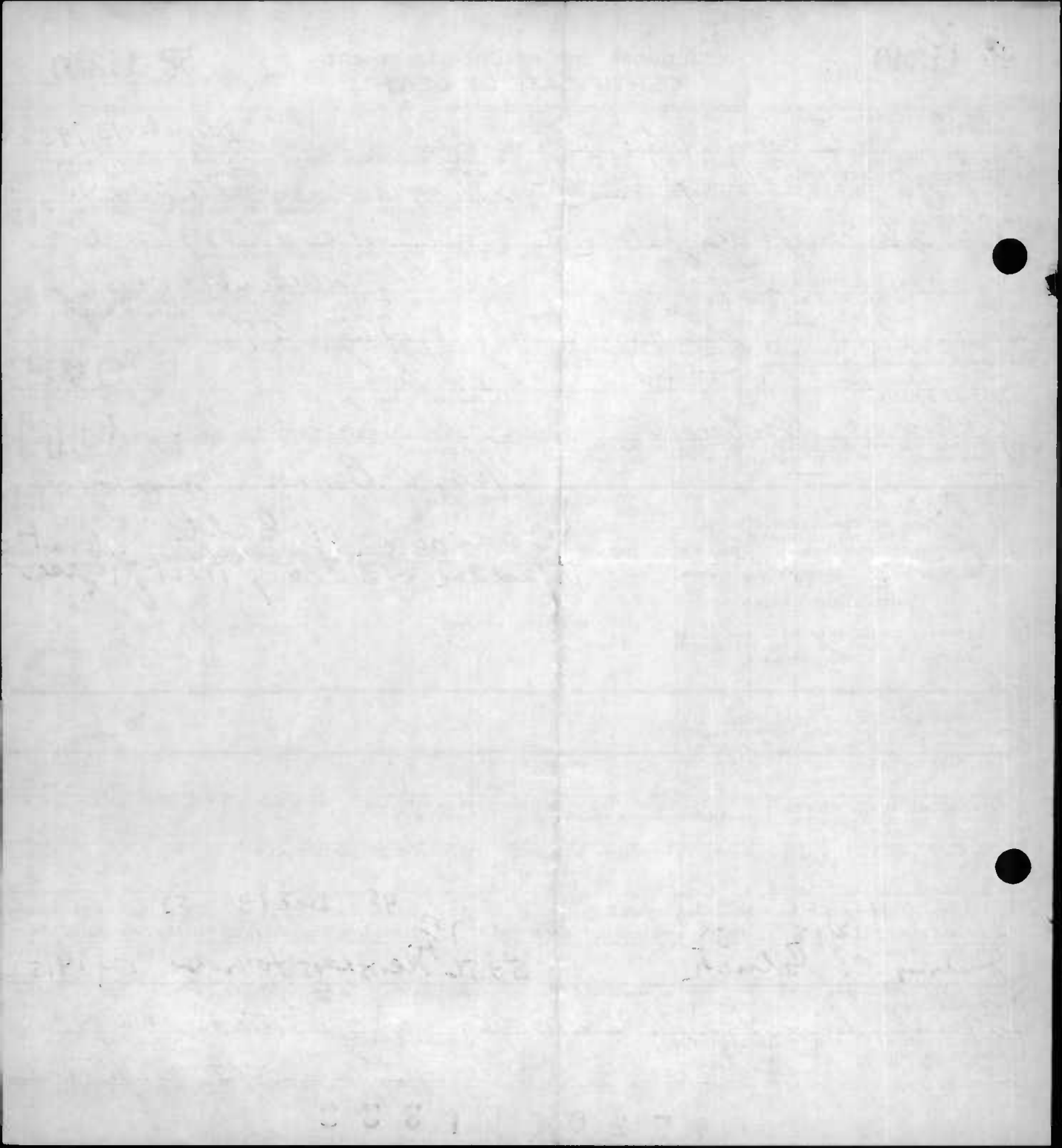
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Loring Byers

ADDRESS

5005 Pl. Light



262
52 11341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11341
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DICKERSON, Doris

2. DATE
OF
DEATH

12/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

400 Central Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ma

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter R. Taylor

14. MOTHER'S MAIDEN NAME

Eva Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

4 wks +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chr. glomerulonephritis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20 to 12/14, 1952, that I last saw the
deceased alive on 12/14, 1952, and that death occurred at 5:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE/SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11342
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Charles Wesley Deller</i>		2. DATE OF DEATH <i>Dec. 13, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>8-07</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1329 N. Caroline St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baers.</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1329 N. Caroline St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Chauc</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 20 1893</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>59</i>
13. FATHER'S NAME <i>Charles Deller</i>		14. MOTHER'S MAIDEN NAME <i>Clara Proctor</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Viola Deller Wright</i>		ADDRESS	

18. <i>163X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of the lung</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Dec 80, 1952</i> to <i>12-13, 1952</i> , that I last saw the deceased alive on <i>12-12, 1952</i> , and that death occurred at <i>3 A</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>George Adams</i>		23B. ADDRESS <i>2327 W. North</i>		23C. DATE SIGNED <i>12-13-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 16/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>A. G. County Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Mrs Robert G. Ellis & Daughter</i>		

VS 150

750 6M 129 N. Caroline St
52 11342

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

52 11343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11343
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

HOFF

2. DATE
OF
DEATH

December 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 15 N. Payson St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

15 N. Payson St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 26, 1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Architect

10B. KIND OF BUSINESS OR
INDUSTRY

Md. Steel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

212-16-8327

17. INFORMANT

ADDRESS

Mrs. Chas. E. Bonsall-3303 Ferndale

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic and hypertensive
heart disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 16, 52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

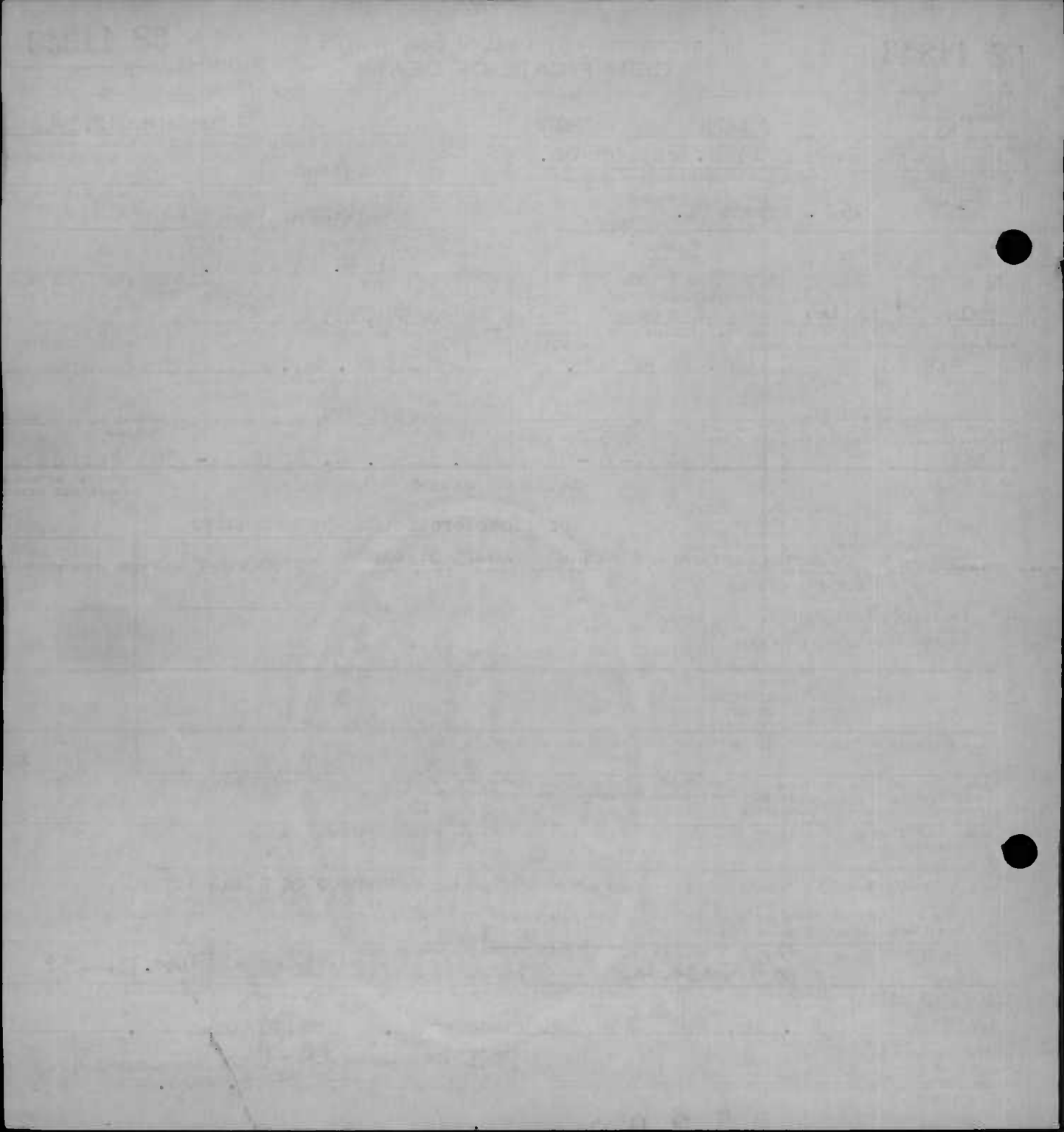
25. FUNERAL DIRECTOR

E. E. Swarth
4600 Liberty Lights Ave.

ADDRESS

VS 151

00330



52 11344

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11344

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada Larrabee

2. DATE
OF
DEATH

Dec. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Mby 2

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1907 S. Rd.

c. Length of stay in Baltimore

25 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-14-1869

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Providence R.I.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Washington

14. MOTHER'S MAIDEN NAME

Ada Perkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HASCVD

Years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Secondary changes
Arterial embolus to femoral artery

19A. DATE OF OPERATION

12-10-52

19B. MAJOR FINDINGS OF OPERATION

Embolus of femoral artery

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 1952, to 12-13, 1952, that I last saw the
deceased alive on 12-13, 1952, and that death occurred at 11:05 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Arthur H. Quattlebaum Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

12-16-52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Elesworth Arnacost

ADDRESS

4600 Liberty Heights Ave.

100-100000

RECEIVED
FBI
JAN 10 1951

RECEIVED
FBI
JAN 10 1951

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JAN 10 1951

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JAN 10 1951

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FBI
JAN 10 1951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HENRY D. ERNSTBERGER

2. DATE
OF
DEATH

Dec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1834 W. North Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1834 W. North Ave.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 11, 1865

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Barber (retired)

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Frank Ernstberger

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-14-329417. INFORMANT ADDRESS Ave
Mr. Clarence A. Ernstberger-1834 W. North

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

1950

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic Interstitial nephritis

DUE TO

1950

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20, 1950, to Dec. 11, 1952, that I last saw the
deceased alive on Dec. 11, 1952, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/15/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

Huntington Williams, M.D.

Wm. J. Siskner & Sons

Balto 17, Md.

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11346
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA ELIZABETH RAUK

2. DATE
OF
DEATH

DEC. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL for the WOMEN & CHILDREN

C. Length of stay in Baltimore

5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

SEPT. 3, 1875

9. AGE (in years
last birthday)

77

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

William Fleetwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John L. Lentz-223 Dunkirk Rd.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial insufficiency

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

arteriosclerotic heart disease

several

DUE TO

(C)

generalized arteriosclerosis

years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 11, 1952, to DEC. 13, 1952, that I last saw the
deceased alive on DEC. 13, 1952, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Hedward Beard Paiman

M. D.

23B. ADDRESS

Womens Hospital Baltimore

23C. DATE SIGNED

12-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/16/52

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cem.

24D. LOCATION (City, town, or county)

Towson, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

26m. J. Pickener & Sons

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

08/11/57

08/11/57

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 08/11/57 BY 60321

145
52 11347BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11347
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jerome KOPPLEMAN		2. DATE OF DEATH 12-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Finai Hosp.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION Finai Hospital, Inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Raynor Heights	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Oregon Ave. 5200	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9/12/1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or last retired) mill worker		10B. KIND OF BUSINESS OR INDUSTRY Wurzberger & Sons	9. AGE (in years last birthday) 63
13. FATHER'S NAME Charles Koppleman		11. BIRTHPLACE (State or foreign country) Ind.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? US	
16. SOCIAL SECURITY NO. 216-05-9354		13. MOTHER'S MAIDEN NAME Barbara Snyder	
17. INFORMANT Mrs. Anna E. Koppleman-Oregon Ave.		ADDRESS Raynor Heights, Md.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulm. edema	CAUSE OF DEATH (A) Acute Pulm. edema DUE TO (B) Myocardial infarction DUE TO (C) Coronary insuff.	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-13-52 to 12-13-52 , 19 52 , that I last saw the deceased alive on 12-13-52 , 19 52 , and that death occurred at 5:15 p. m., from the causes and on the date stated above.					
23A. SIGNATURE C. H. Mason		23B. ADDRESS Finai Hosp.		23C. DATE SIGNED 12-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/17/52		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cem.	
24D. LOCATION (City, town, or county) (State) Glen Burnie, Md.		25. FUNERAL DIRECTOR Wm. J. Tichenor & Sons		ADDRESS Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Tichenor & Sons	

562037 1 1 3 3 9

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11348
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LaMar Warfield Mills

2. DATE
OF
DEATH

Dec. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

D. O. A. Lutheran Hosp.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5507 Narcissus Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 1, 1897

9. AGE (in years last birthday)

55

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR INDUSTRY

Rice's Bakery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Warfield Mills

14. MOTHER'S MAIDEN NAME

Fannie Hastings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
215-01-6292

17. INFORMANT

ADDRESS

Mrs. M. Isabelle Mills-5507 Narcissus Ave

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary heart disease

INTERVAL BETWEEN ONSET AND DEATH

4/8/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **July 15th, 1952**, to **Dec 12th, 1952** that I last saw the deceased alive on **Dec 12, 1952**, and that death occurred at **12:55 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John O. Bubert

M. D.

4803 Park Heights Ave

Dec 13, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/15/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

Wm. J. Tichenor & Sons

VS 150

95480.44

Balto 17, Md.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
BUREAU OF VETERANS AFFAIRS
WASHINGTON, D. C. 20460

Form 10-108 (Rev. 1-75)

NAME (Last, first, middle initial)

DATE OF BIRTH (Month, day, year)

SSN (Social Security Number)

DATE OF DEATH (Month, day, year)

PLACE OF BIRTH (City, State, Country)

DATE OF SERVICE (Month, day, year)
BRANCH OF SERVICE
GRADE OR RATE
DUTY STATION

REASON FOR SERVICE (Check one)
☐ Active Duty
☐ National Guard or Reserve
☐ Merchant Marine
☐ Civilian

DATE OF ENTRY (Month, day, year)
DATE OF EXIT (Month, day, year)

REASON FOR EXIT (Check one)
☐ Discharge
☐ Release
☐ Death

DATE OF DEATH (Month, day, year)
PLACE OF DEATH (City, State, Country)

DATE OF BURIAL (Month, day, year)
PLACE OF BURIAL (City, State, Country)

DATE OF INTERVIEW (Month, day, year)
INTERVIEWER (Name, Title, Organization)

CERTIFICATE CORRECTED 12-17-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 11349

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE S. SWIFT

2. DATE
OF
DEATH

Dec. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2801
2818 Grindon Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-02

D. STREET ADDRESS (If rural, give location)

2801 Grindon Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 22, 1865

9. AGE (In years last birthday)

87

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Turner

14. MOTHER'S MAIDEN NAME

Ellen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Raymond S. Swift-2801 Grindon Ave.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CORONARY OCCLUSION

12/12/52

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ARTERIO-SCLEROTIC HEART DISEASE

3 YRS.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1946, 19, to 12/12/52, 19, that I last saw the deceased alive on 12/11/52, 19, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Karpis

M. D.

23B. ADDRESS

4331 Harford Rd

23C. DATE SIGNED

12/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/16/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

H. H. Williams, Jr.

Wm. J. Tichener & Sons

VS 150

520011341 Balto 17, Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52-11350

52 11350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emil Rezek

2. DATE
OF
DEATH

Dec. 12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2135 Jefferson St.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE before admission)
B. COUNTY

2135 Jefferson St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore Md.

6-03

D. STREET ADDRESS (If rural, give location)

2135 Jefferson Street

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 13, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bartender

10B. KIND OF BUSINESS OR
INDUSTRY

Plawin Res't

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wenzel Rezek

14. MOTHER'S MAIDEN NAME

Anna Mojzes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
220-14-2267

17. INFORMANT

Mrs. Walter Kiser

ADDRESS

1334 W. Lombard Street

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Clinical Ca of the
flamable coronary
artery to heart11/15/52
12/12

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

12/12

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11/52 to 12/12/52, that I last saw the
deceased alive on Dec 11, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 16/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

Huntington Williams, M.D. 2024 Orleans St.

VS 150

1 3 5 2750 6 M 1 3 4 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11351
Registered No.1. NAME OF DECEASED
(Type or Print)

Albert J. Patterson.

2. DATE
OF
DEATH

Dec 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3740 Hickory Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3740 Hickory Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Jan 10, 1865

9. AGE (in years
last birthday)

about 87

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Penna R.R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles W. Patterson

14. MOTHER'S MAIDEN NAME

Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Ave

Mrs. Marie Rocks, 1906 N. Patterson PK.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerotic C.V. Dis.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1952 to Dec. 13, 1952 that I last saw the
deceased alive on Dec. 11, 1952 and that death occurred at 11 ¹⁵/₅ m., from the causes and on the date stated above.

23A. SIGNATURE

Edward H. Garman

M. D.

23B. ADDRESS

437 Falls Rd.

23C. DATE SIGNED

12/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 16/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24d. LOCATION (City, town, or county)

Greenmount & North Ave Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 15 1952

VS 150

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Austin E. Donovan - 3818 Roland Ave

19520011343

Dec 15, 1952 Albert J. Patterson.

anyland

2745 Hickory Ave

Life

2745 Hickory Ave

Jan 10, 1953 about 37

White

anyland

Tanna B.

anyland.

anyland.

anyland.

anyland.

anyland.

Dec 15/52

anyland

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11352

460
52 11352

1. NAME OF DECEASED (Type or Print) ELMER M. MILLER		2. DATE OF DEATH 12/14/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2108 Jefferson Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 17, 1893
9. AGE (In years last birthday) 59		10. UNDER 1 Year Months: _____ Days: _____ 11. UNDER 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Operator		10B. KIND OF BUSINESS OR INDUSTRY Balto. Office Supply Co.	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John M. Miller		14. MOTHER'S MAIDEN NAME Anna M. Sorbaugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 220-05-7537	
17. INFORMANT Martin L. Miller, 3622 Beech Avenue		ADDRESS	
18. 540.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peritonitis due to perforated Gastric Ulcer ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cirrhosis of Liver			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE J. B. Roberts M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 12-14-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/17/52	
24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1952		REGISTRAR'S SIGNATURE Wm. Cook, Inc.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

5001-82

WILSON, J. E. (1911-1912)

1911-1912

1911-1912

635
52 11353BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11353

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Gordon

2. DATE
OF
DEATH

Dec. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St. Louis 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Riverton

5200

D. STREET ADDRESS (If rural, give location)

4 Shields & Darnell Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5-29-1945

9. AGE (In years
last birthday)

7

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

School

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander Gordon III

14. MOTHER'S MAIDEN NAME

Margaret Doney

15. WAS DECEASED
(Yes, no or unknown)EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 591X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Nephrosis

7 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1952, to 12/13, 1952, that I last saw the
deceased alive on 12/13, 1952, and that death occurred at 9:23 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Neil H. Jones

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/16/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Cook, Inc. 1217 St. Paul St.

VS 150

correct life is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

560
52 11354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11354
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOSEPH M'CONNOR		2. DATE OF DEATH 12-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5300 Gehb Ave			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2400 GEHB AVE			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MARCH 21, 1889	9. AGE (In years last birthday) 63	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10B. KIND OF BUSINESS OR INDUSTRY COAL		11. BIRTHPLACE (State or foreign country) BALTIMORE	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME FRANK CONNOR		14. MOTHER'S MAIDEN NAME ANNIE McALLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MRS MARY CONNOR 2400 GEHB AVE	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Auricular fibrillation Congestive Heart failure.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. possible					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-10 , 19 52 to 11-13 , 19 52 that I last saw the deceased alive on 12-13-52 , 19 52 , and that death occurred at 1304 m., from the causes and on the date stated above.					
23A. SIGNATURE John W. Loeber Jr.		23B. ADDRESS University Hospital		23C. DATE SIGNED 12-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/16/52		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD		25. FUNERAL DIRECTOR ADDRESS CHARLES F. EVANS & SON			
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS CHARLES F. EVANS & SON	

VS 150

19520 49068 118 N. Mt. Royal Ave.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

652
52 11355BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11355

1. NAME OF DECEASED (Type or Print) TONY		2. DATE OF DEATH December 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. Length of stay in Baltimore 32 yrs		D. STREET ADDRESS (If rural, give location) 1639 Edmondson Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-16-1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener		10B. KIND OF BUSINESS OR INDUSTRY Homemaker	9. AGE (In years last birthday) 54
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Miles Lawrence		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Rebecca Lawrence		ADDRESS 1637 Edmondson	

1B. E812.4	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Depressed Skull Fracture X	
ANTECEDENT CAUSES	(B) Lacerations of Face X	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Compound Comminuted Fracture of both lower legs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Fremont and Laurens Streets
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12/14/52 7:15 P.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Smith</i>	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED 12/15/52
---	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-22-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Sinai	24D. LOCATION (City, town, or county) (State) Suffolk Va.
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR Wm. A. Jackson	ADDRESS 916 Penn.

WATER 14 H-14-1432 24

WATER 14 H-14-1432 24

WATER 14 H-14-1432 24

320
52 11356Kotz
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11356

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

August George Kotz

2. DATE
OF
DEATHDec. 14th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Union Memorial Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 18 9-04D. STREET ADDRESS (If rural, give location)
631 E. 30th St.

c. Length of stay in Baltimore 27 yrs

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 11, 1871

9. AGE (in years,
last birthday)

81

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life. If retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Balto City

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Mr. Theodore Kotz

14. MOTHER'S MAIDEN NAME

Barbara Rapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Marcelle R. Helk 3843
Falls Road

18. 446X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) pneumonia, bilateral

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) uremia

(C) nephrosclerosis

arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4th, 1952, to Dec. 14th, 1952, that I last saw the
deceased alive on Dec. 14, 1952, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Hubbard

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Dec. 14, 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 17 - 52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Frank H. Sery 814 N. 36th St

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

246 52 11357		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 11357 Registered No.	
1. NAME OF DECEASED (Type or Print)		JAMES RAGLER		2. DATE OF DEATH 12-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY HOWARD			
5. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT Hos.		C. CITY OR TOWN ELK RIDGE		6. STREET ADDRESS (If rural, give location) MEADOWRIDGE AVE	
c. Length of stay in Baltimore		8. DATE OF BIRTH MAR. 1890		9. AGE (In years last birthday) 62	
5. SEX M.		6. COLOR OR RACE C.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY HUCKSTER.		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT JAMES RAGLER. 526 S PACE ST BALTIMORE 30, Md.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CAUSE OF DEATH Cerebral Accident INTERVAL BETWEEN ONSET AND DEATH 72 hrs.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to 12-14, 1952, that I last saw the deceased alive on 12-14, 1952, and that death occurred at 5:01 A.M., from the causes and on the date stated above.					
23A. SIGNATURE G. W. McDaniel		23B. ADDRESS 807 N. Caroline St		23C. DATE SIGNED 12-14-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-17-52		24C. NAME OF CEMETERY OR CREMATORY ST STEPHENS	
24D. LOCATION (City, town, or county) (State) ELK RIDGE, Md.		25. FUNERAL DIRECTOR F.C. HIGINBOTHAM, ELICOTT CITY Md.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1952		REGISTRAR'S SIGNATURE Huntington Williams			

Page 10

THE STATE OF NEW YORK
IN SENATE
January 10, 1907

REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE

ALBANY: J. B. LIPPINCOTT & CO., PRINTERS.
1907.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11358

52 11358

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Peacock, Ella Rose

2. DATE
OF
DEATH

December 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's HOSPITAL

Yrs.

Mos.

Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1026 Abbott Court

Length of stay in Baltimore

35 yr.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

AUG 9 1889

9. AGE (in years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NURSES AIDE

10B. KIND OF BUSINESS OR
INDUSTRY

NEW YORK STATE MENTAL

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

HARTLEY

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

GUSTAVE DEPOITIERS 4706 KENWOOD AVE

18. 159x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized abdominal carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of Gastro-intestinal tract

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

November 28, 1952

19B. MAJOR FINDINGS OF OPERATION

Metastatic adenocarcinoma of gastro-intestinal tract

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 12, 1952, to December 11, 1952 that I last saw the
deceased alive on Dec. 11, 1952 and that death occurred at 8:30am., from the causes and on the date stated above.

23A. SIGNATURE

B. J. Wilcox M.D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

Dec. 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC 17-1952

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEMETERY

24D. LOCATION (City, town, or county)

WOODLAWN

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

R. J. Appel 7110 BELAIR RD.

VS 150

195 230 08T 1350

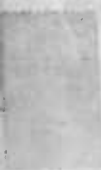
Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

8-11-50

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

8-11-50



N-420
52 11359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11359
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Arthur Wolsh

2. DATE
OF
DEATH

December 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Lutheran Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital
730 Ashburton St. Baltimore, Md.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 15, 1888

9. AGE (In years

last birthday)

64

10. Under 1 Year

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

engineer

10B. KIND OF BUSINESS OR INDUSTRY

Lutheran Hospital
Baltimore, Md.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William A. Wolsh, Sr.

14. MOTHER'S MAIDEN NAME

Catherine Zink

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Hospital records
Lutheran Hospital, Baltimore Md.

18. 420.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) cerebral hemorrhage

8 hours

DUE TO

(B) hypertensive arteriosclerotic heart disease 3 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from December 14, 1952, at 10:30 a.m. to December 14, 1952, at 10:30 a.m. that I last saw the deceased alive on December 14, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Rudolph M. Zander M.D. assistant resident

23B. ADDRESS

Lutheran Hospital, Baltimore, Maryland

23C. DATE SIGNED

12-14-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/17/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

Huntington Williams, M.D.

26m. J. Vickner & Sons

VS 150

5838T

Balto 17, Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

650
52 11360BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11360

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Ahern

2. DATE
OF
DEATH

12/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Edgewood Nursing Home 6000 Bellona Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

80 years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1734 E. 25th St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

12/18/66

9. AGE (In years
last birthday)

85

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman Retired

10B. KIND OF BUSINESS OR
INDUSTRY

P.R.R./

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Ahern

14. MOTHER'S MAIDEN NAME

Mary Obrien

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elmer J. Willis 1734 E. 25th St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis

1 year

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH. BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1952 to Dec 13, 1952 that I last saw the
deceased alive on Dec 13, 1952, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gull Hall M.D.

23B. ADDRESS

1631 E. North Ave.

23C. DATE SIGNED

Dec-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/17/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1952

H. F. Williams, M.D. & Lawrence F. Hoffmann

1639 Broadway

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11361**

BIRTH NO. 11361

1. NAME OF DECEASED
(Type or Print)

CARL JEFFERSON

2. DATE OF DEATH Dec. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Bethesda City*

B. FULL NAME OF HOSPITAL OR INSTITUTION
University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

642 W. Fairmount Avenue

E. Length of stay in Baltimore **18 yrs.**

Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan 15th 1894

9. AGE (In years and birthday)
29

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Driver

10B. KIND OF BUSINESS OR INDUSTRY
on manual

11. BIRTHPLACE (State or foreign country)

Darlington S.C. U.S.A.

12. CITIZEN OF (What country?)

13. FATHER'S NAME

George Jefferson

14. MOTHER'S MAIDEN NAME

Bernice Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

[illegible]

17. INFORMANT

Shannon Jackson

ADDRESS

18. E902.7 and 307X

CAUSE OF DEATH

Brother

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Shock*

DUE TO *Multiple fractures of sternum and pelvis*

831 W. Oyster St

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

University Hosp.

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Redwood and Greene Sts.

21D. TIME (Month) (Day) (Year) (Hour) of INJURY

Dec. 10, 1952 10:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Jumped out of 3rd floor window during episode of delirium

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER

[illegible]

23C. DATE SIGNED

Dec. 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 15 1952

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Elroy O Wilson

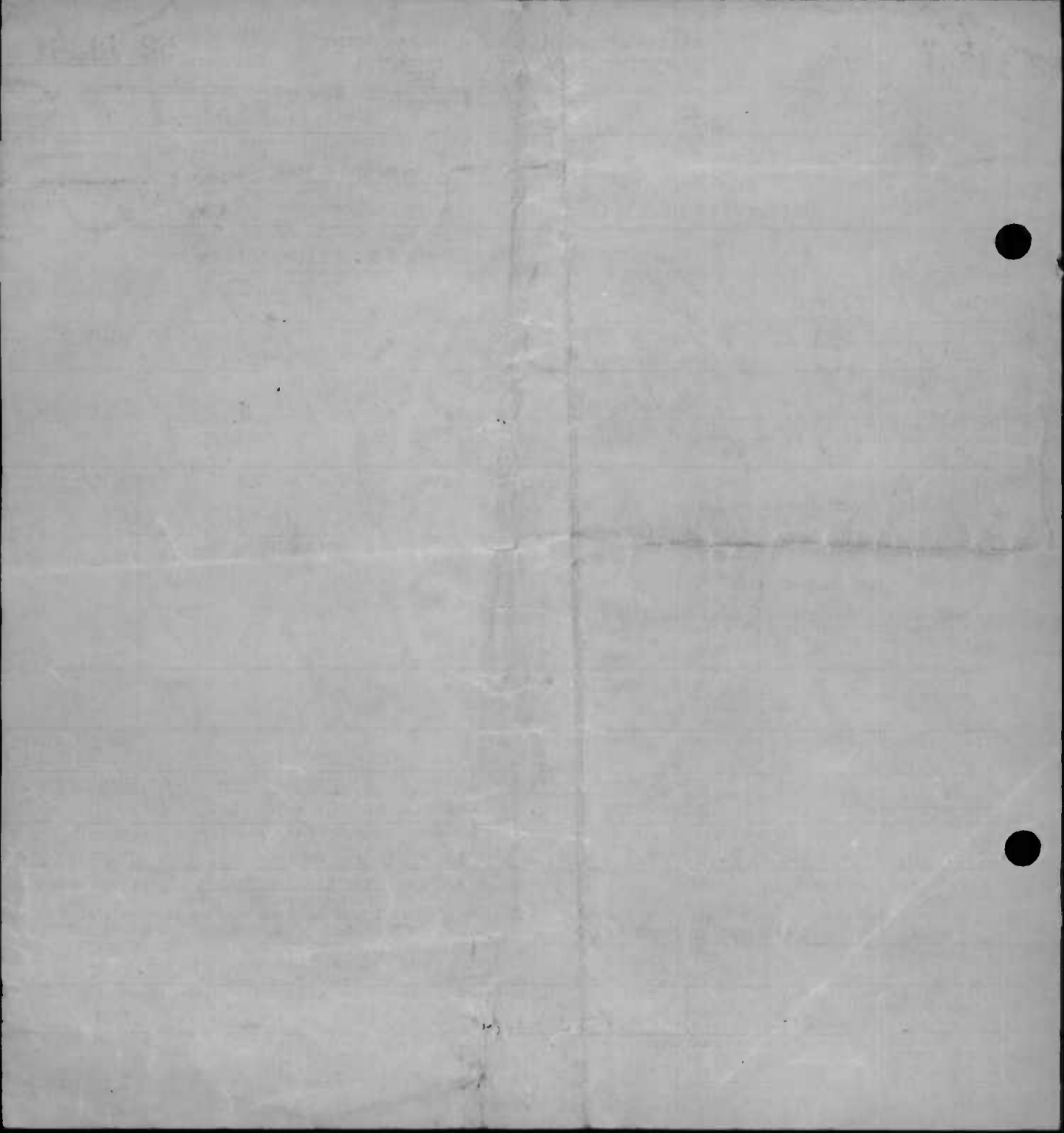
ADDRESS

VS 151 N 808.2

97099

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



200
52 11362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11362
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>J. Key Reyes</i>		2. DATE OF DEATH <i>Dec 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Orl 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-05</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1540 Mc Elenny St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1897</i>	9. AGE (in years last birthday) <i>55</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>	
13. FATHER'S NAME <i>William Keys</i>		14. MOTHER'S MAIDEN NAME <i>Georganna</i>		12. CITIZEN OF WHAT COUNTRY? <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>245-05-0008</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO <i>Hypertensive Vascular Dis</i> (C)	<i>3 + yrs</i>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>2/</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/14*, 1952, to *12/14*, 1952, that I last saw the deceased alive on *12/14*, 1952, and that death occurred at *11:03 PM*, from the causes and on the date stated above.

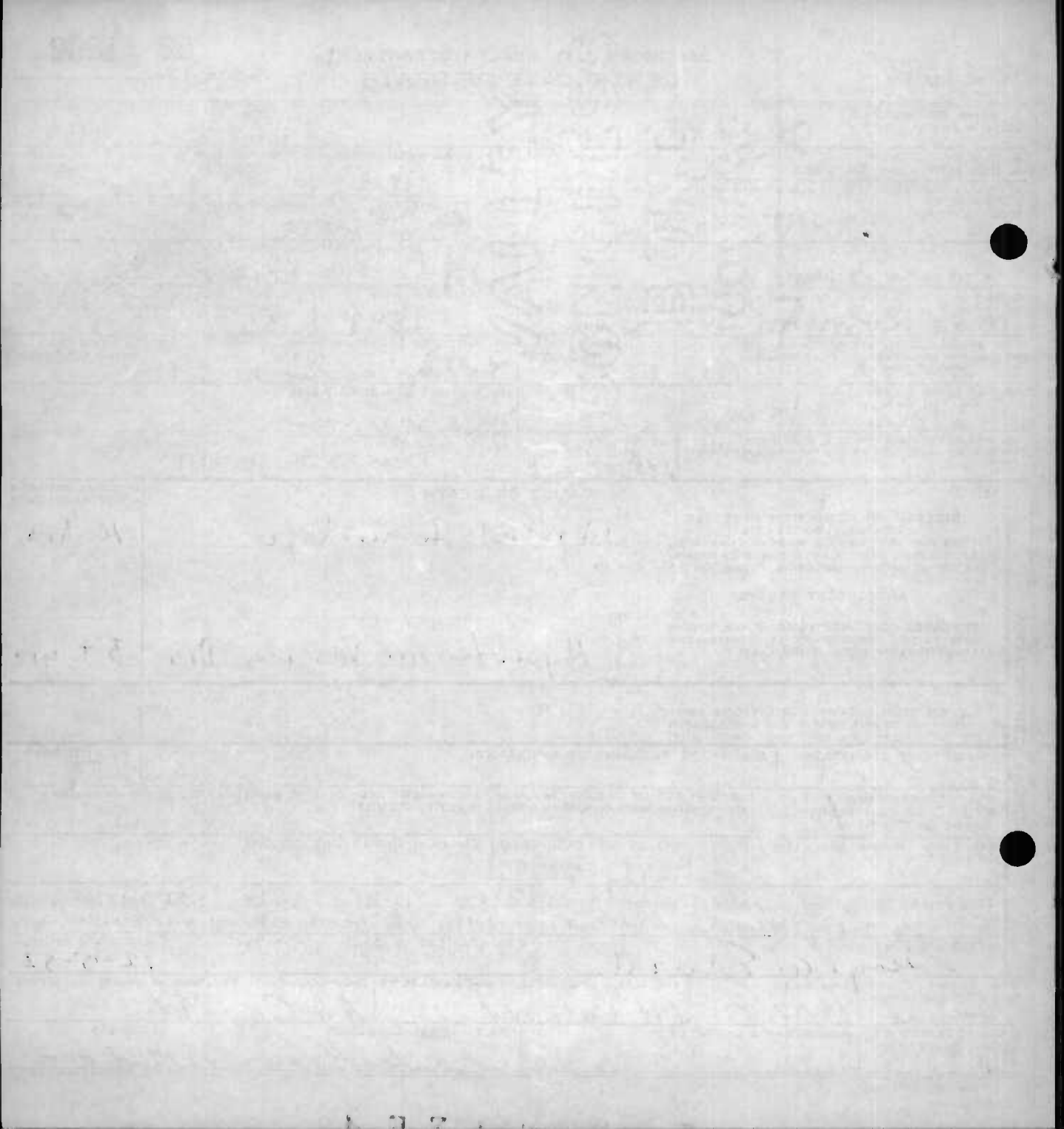
23A. SIGNATURE <i>George A. Edwards M.D.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>12-15-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>A.A. Co., Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1952</i>	REGISTRAR'S SIGNATURE <i>H. King Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Charles R. Law, 802 Mad. Ave.</i>	ADDRESS
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



525
52 11363

52 11363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Lewis, Herbert Johnson</i>			2. DATE OF DEATH <i>Dec-14-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>339 Calvert</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>416 Newington Rd</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Sept-5-1864</i>	9. AGE (In years last birthday) <i>88</i>	10. If Under 1 Year Months: Days: Hours: Min. <i>- - -</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Beloved</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Salesman</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Gratton S. Johnson</i>			14. MOTHER'S MAIDEN NAME <i>Eleanor L. Gorsuch</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT ADDRESS <i>Miss Eleanor C. Johnson, 416 Newington Rd</i>		

18. <i>470.1 and E903.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <i>coronary thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) _____ (B) <i>arterio-sclerosis</i> (C) <i>Pneumonia - within 2 weeks</i>	CERTIFICATION APPROVED <i>2 yrs 2</i>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Fracture right femur*

19A. DATE OF OPERATION <i>none</i>	19B. MAJOR FINDINGS OF OPERATION <i>✓</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>yes</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Fell on Street</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>7001 Black - Newington Ave</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Nov-24-52</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>While walking across street - fell</i>

22. I hereby certify that I attended the deceased from *Nov 24, 1952* to *Dec 14, 1952* that I last saw the deceased alive on *Dec 13, 1952* and that death occurred at *4:30 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>J. Frederick Leitz</i>	23B. ADDRESS <i>Temple Garden</i>	23C. DATE SIGNED <i>12/15-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Dec 16/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Linden Park</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>
FUNERAL DIRECTOR <i>Seewash Moore</i>	ADDRESS <i>1355</i>	

correct age is especially important. Physicians: please write the causes of death clearly and in full.

EDICAL CERTIFICATION

10-11-53

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Signature of physician: [illegible]
9. Signature of registrar: [illegible]
10. Date of registration: [illegible]

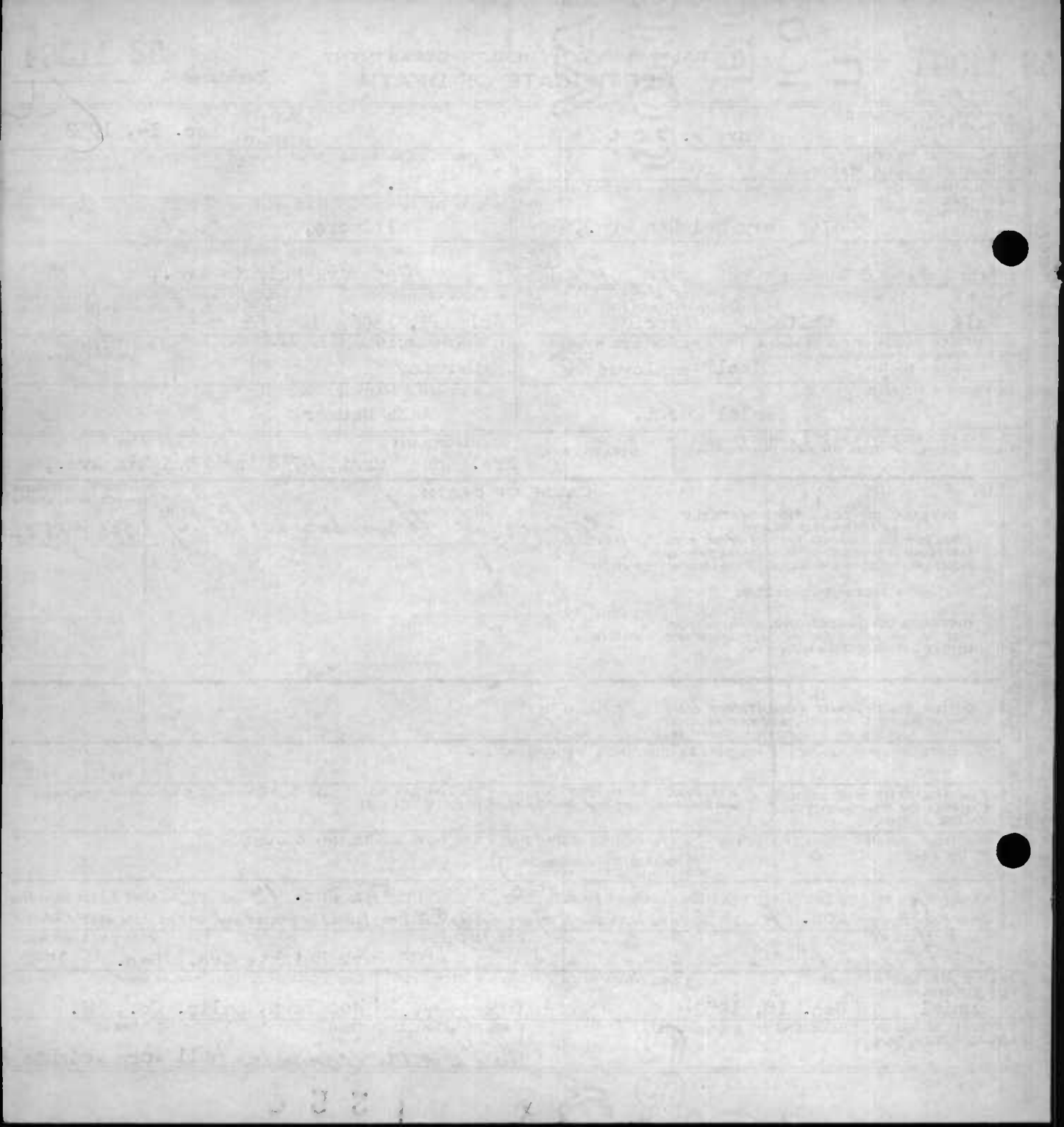
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V# 623
52 11364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11364
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Henry W. Wurst		2. DATE OF DEATH Dec. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 27-16	
6. FULL NAME OF HOSPITAL OR INSTITUTION 4748 Park Heights Ave.,		7. D. STREET ADDRESS (If rural, give location) 4748 Park Heights Ave.,		8. C. LENGTH OF STAY IN BALTIMORE 29 years Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17, 1896	9. AGE (In years last birthday) 56	10. CITIZEN OF WHAT COUNTRY? Germany
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10B. KIND OF BUSINESS OR INDUSTRY self-employed		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Daniel Wurst,		14. MOTHER'S MAIDEN NAME Anna Heuser,		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Anna Wurst, 4748 Park Heights Ave.,	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary thrombosis (heart) DUE TO INTERVAL BETWEEN ONSET AND DEATH Dec 4/52		19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 7, 1952 to Dec. 14, 1952 that I last saw the deceased alive on Dec. 14, 1952, and that death occurred at 3:50 Pm., from the causes and on the date stated above.					
23A. SIGNATURE H. S. Burt		23B. ADDRESS 4803 Park Heights Ave.		23C. DATE SIGNED Dec. 15 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 18, 1952		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery, Woodlawn, Balto. Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS C. Vernon Lemmon, 4611 Park Heights	



120
52 11365
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11365

1. NAME OF DECEASED (Type or Print) <i>Sophie Tabeck</i>			2. DATE OF DEATH <i>December 15, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓ B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i> C. Length of stay in Baltimore Yrs. Mos. Days			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>3723 Clavinity Road, Balto - 15</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Jewish</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 23, 1882</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months: Days 10. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>David Greenwald</i>			14. MOTHER'S MAIDEN NAME <i>Annie Greenwald</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS <i>Mr Max Ambach 3723 Clavinity Rd.</i>		

18. <i>540.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Perforated gastric ulcer</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>arteriosclerotic heart disease</i>	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
--	--

19A. DATE OF OPERATION —	19B. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from *Dec 14*, 19*52*, to *Dec 15*, 19*52*, that I last saw the deceased alive on *Dec 15*, 19*52*, and that death occurred at *10:35* am., from the causes and on the date stated above.

23A. SIGNATURE <i>Harold A. Green, Jr.</i>	23B. ADDRESS <i>Union Memorial Hospital</i>	23C. DATE SIGNED <i>Dec 15, 1952</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>12-16-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New York, N. Y.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>2100 East Ave</i>

520011357

11332

CERTIFICATE OF DEATH



1221

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11366

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

MYRTLE VANKO (Also known as: MYRTLE GRIFFITH)

2. DATE OF DEATH

14 Dec 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Sinai Hosp. of Balt. Inc.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widowed, Divorced (Specify)

8. DATE OF BIRTH

Jan 3-1878

9. AGE (In years last birthday)

73

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home.

13. FATHER'S NAME

- Kelsey.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

Elizabeth DeBrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hosp. Records - Balto. rec.

18. *153X and 260X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of Colon*

3 mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Diabetes mellitus
Hypertensive, arteriosclerotic C.V. dis.*

19A. DATE OF OPERATION

9/25/52

19B. MAJOR FINDINGS OF OPERATION

Tumor mass in colon

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9/25/52* to *12/14*, 19*52*, that I last saw the deceased alive on *12/14*, 19*52* and that death occurred at *7:20* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Horace W. Burton

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

15 Dec 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 18-1952 Mt. Carmel Cemetery & Burial Home

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Tarney and Sons

ADDRESS

VS 150

520011350

52 11367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11367

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIA PRIEBE

2. DATE
OF
DEATH

DEC. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1812 DOVER ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 19-04

D. STREET ADDRESS (If rural, give location)

1812 DOVER ST.

C. Length of stay in Baltimore

61 yrs.

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MARCH 22, 1866

9. AGE (In years
last birthday)

86

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GUSTAV DUDECK

14. MOTHER'S MAIDEN NAME

AUGUSTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

MRS. M. H. BEALE 1812 DOVER ST.

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

arteriosclerotic myocarditis ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Age - Generalized arteriosclerosis ?

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13, 1952, to Dec. 14, 1952, that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Morris B. Krueger

M. D.

23B. ADDRESS

548 S. Fulton Ave.

23C. DATE SIGNED

12-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVET

24D. LOCATION (City, town, or county)

BALTIMORE, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEO. L. Schwab 2101 FREDERICK AVE

ADDRESS

VS 150

1 9 5 2 0 2 1 1 3 5 9

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of justice of the peace		12. Signature of health officer	
13. Signature of funeral home		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial place		19. Signature of burial place		20. Signature of burial place	
21. Signature of burial place		22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place		28. Signature of burial place	
29. Signature of burial place		30. Signature of burial place		31. Signature of burial place		32. Signature of burial place	
33. Signature of burial place		34. Signature of burial place		35. Signature of burial place		36. Signature of burial place	
37. Signature of burial place		38. Signature of burial place		39. Signature of burial place		40. Signature of burial place	
41. Signature of burial place		42. Signature of burial place		43. Signature of burial place		44. Signature of burial place	
45. Signature of burial place		46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place		52. Signature of burial place	
53. Signature of burial place		54. Signature of burial place		55. Signature of burial place		56. Signature of burial place	
57. Signature of burial place		58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place		64. Signature of burial place	
65. Signature of burial place		66. Signature of burial place		67. Signature of burial place		68. Signature of burial place	
69. Signature of burial place		70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
73. Signature of burial place		74. Signature of burial place		75. Signature of burial place		76. Signature of burial place	
77. Signature of burial place		78. Signature of burial place		79. Signature of burial place		80. Signature of burial place	
81. Signature of burial place		82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place		88. Signature of burial place	
89. Signature of burial place		90. Signature of burial place		91. Signature of burial place		92. Signature of burial place	
93. Signature of burial place		94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place		100. Signature of burial place	

652
52 11368BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11368

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Madeleine Grenagle

2. DATE
OF
DEATH

Dec. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-13-1904

9. AGE (In years
last birthday)

48

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Zill

Deceased

14. MOTHER'S MAIDEN NAME

Catherine Gries

deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

BERNARD GREAGLE 1031 Maiden Choice Lane

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Uremia
DUE TO Chronic glomerulonephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) H. V. D.
DUE TO
(C) 7

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 11-17, 1952 to 12-14, 1952, that I last saw the
deceased alive on 12-14, 1952, and that death occurred at 8:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

George Stein

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

12-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial DEC 17 1952

NEW CATHEDRAL

BALTIMORE, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1952

Huntington Williams, M.D.

Geo. L. Schwab 2101 Frederick Ave.

VS 150

520011360

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CENTROGRAPH OF DEATH

NO. 10, 1930

RECORDING OFFICE

DATE

TIME

1001 1000 1000

1001 1000

1001 1000

1001 1000

1001 1000

1001 1000

1001 1000

1001 1000

1001 1000

1001 1000

CASE OF DEATH

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-314

wi-1700

52 11369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11369

Registered No.

BIRTH NO. 52-24793

1. NAME OF DECEASED
(Type or Print)

Baby Hiedefeld

2. DATE
OF
DEATH

10/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4034 Baymont Ave. #15

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert H.

14. MOTHER'S MAIDEN NAME

Marie Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) abortion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORK

NOT WHILE ☐
AT WORK

22. I hereby certify that I attended the deceased from Oct 11, 1952 to Oct 11, 1952 that I last saw the
deceased alive on Oct 11, 1952, and that death occurred at — m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hung-Tsun

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

10-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/6/52

New Cathedral

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

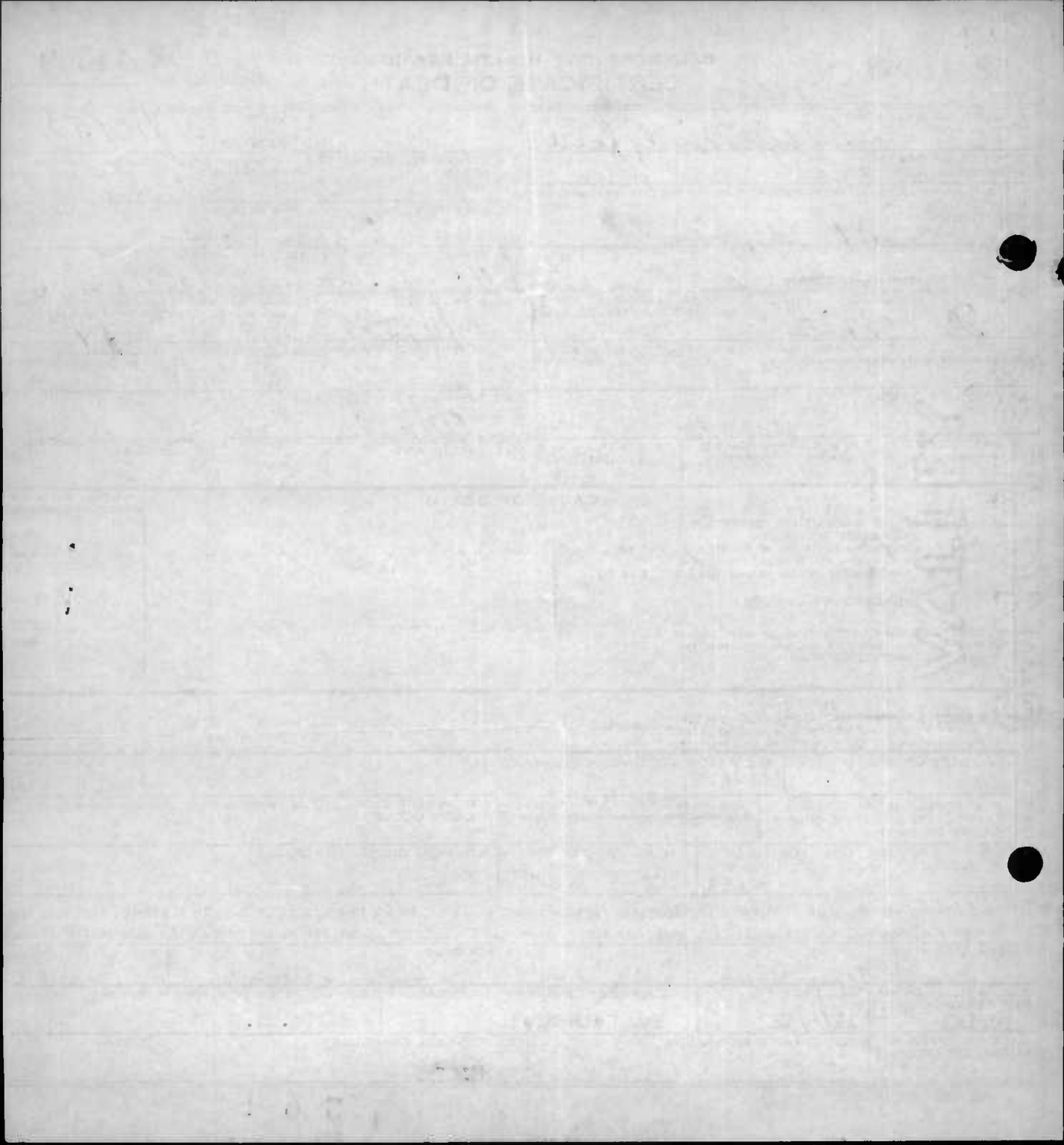
25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1952

Huntington Williams, M.D.

M. Fahey



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300
52 11370

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11370

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LESLIE KYTE

2. DATE
OF
DEATH

12/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital
of Maryland

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pipe Worker

10B. KIND OF BUSINESS OR INDUSTRY

STEEL

13. FATHER'S NAME

JAMES F. KYTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

6/20/10

9. AGE (In years, last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

43 1/2

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

EDNA HAMMER

17. INFORMANT

ADDRESS

MRS DOROTHY KYTE 3451 YORKWAY

18. 364X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Guillain-Barre
Syndrome

INTERVAL BETWEEN ONSET AND DEATH

approx.
15 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/13, 1952 to 12/13, 1952 that I last saw the deceased alive on 12/13, 1952 and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Gubhardt

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

12/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county) (State)

COLGATE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

ULLRICH FUNERAL HOME

DUNDALK MD

VS 150

6803A 11362

07/17/70

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

Form 100-10

STATEMENT OF DEATH

101



52 11371

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11371

1. NAME OF DECEASED
(Type or Print)

Kappel, Philip

2. DATE
OF
DEATH

December 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Maryland

Baltimore

26-10

D. STREET ADDRESS (If rural, give location)

618 N. Clinton St.

E. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 5, 1888

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing factory

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Philip Kappel

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gordon Hoffeld North Point & Marritt Lane

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic cardio-

DUE TO

(C) vascular disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hemiplegia, left

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from December 12, 1952, to December 14, 1952, that I last saw the
deceased alive on Dec. 14, 1952, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fritz

23B. ADDRESS

M. D.

1100 N. Caroline St.

23C. DATE SIGNED

Dec. 14, '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

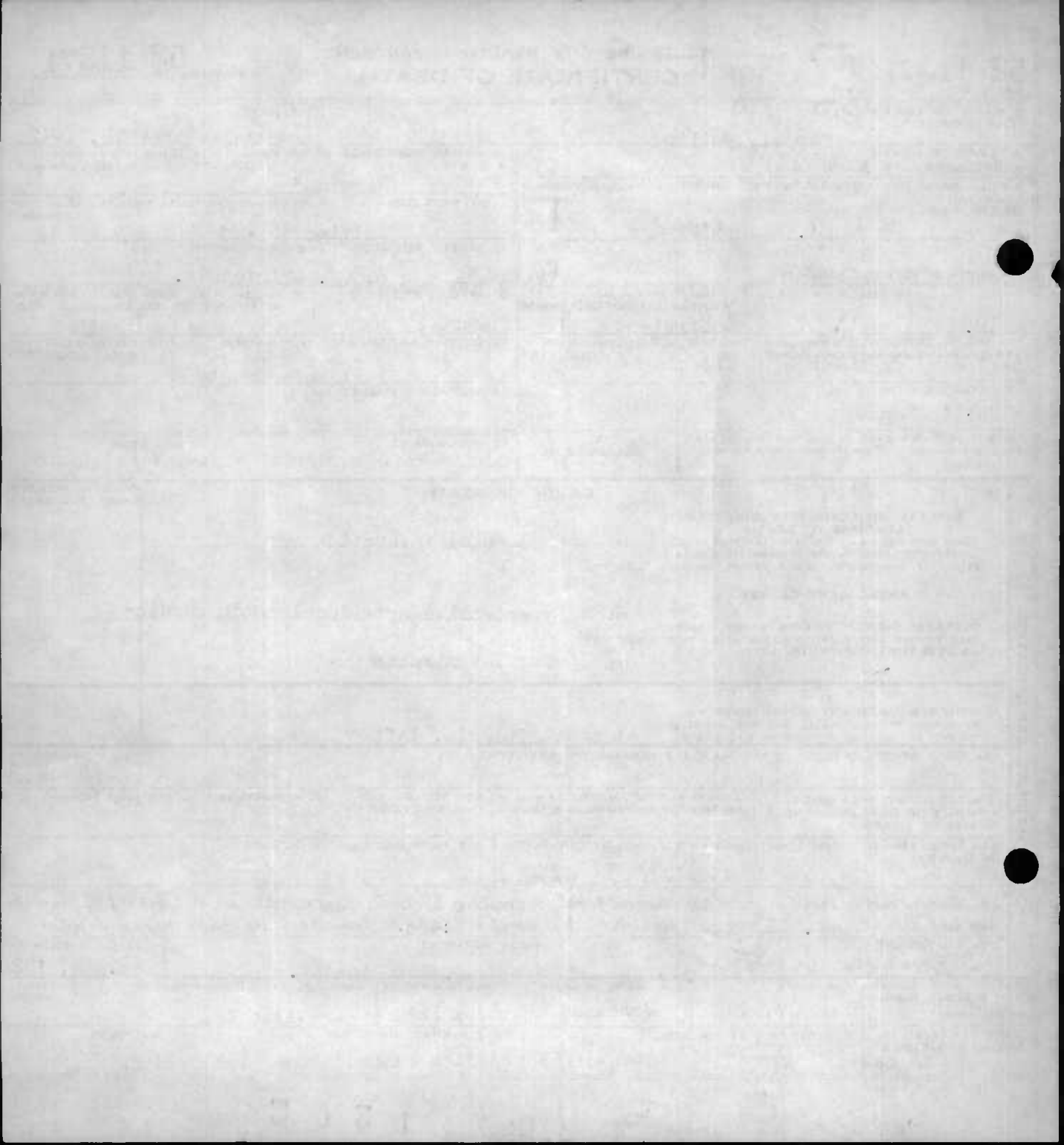
DEC 16 1952

VS 150

57346, 1363

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



360
52 11372BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11372
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN REIDER

2. DATE
OF
DEATH

Dec. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2232 E. Madison St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-03

D. STREET ADDRESS (If rural, give location)

2232 E. Madison St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Aug. 10, 1879

9. AGE (in years-
last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Office worker retired10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Reider

14. MOTHER'S MAIDEN NAME

Don't know

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No.16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Viola M. Reider 2232 E. Madison St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

? Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arterio sclerosis

?

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from Feb 4, 1952, to Dec 14, 1952, that I last saw the
deceased alive on Sept 10, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph Pokorny

M. D.

2200 E Madison St

12/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec. 16, 1952

Baltimore

Baltimore, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1952

Huntington Williams, M.D.

Ullrich Funeral Home 2008 Orleans St.

5-11-58

THE UNIVERSITY OF CHICAGO

100-2150
BOLIVIA
COMPTON
AVENUE

52 11373

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11373
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida H. Gillis

2. DATE
OF
DEATH

Dec. 13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

207 S. Fulton Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

207 S. Fulton Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 29, 1879

9. AGE (In years
last birthday)

73

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-----Paul

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm.L. Gillis, 207 S. Fulton Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Cerebral Hemorrhage Mar 30 '52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 30, 1952, to Dec 13, 1952, that I last saw the
deceased alive on Dec 13, 1952, and that death occurred at 2 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Albert S. Squire

23B. ADDRESS

1729 W. Lombard St.

23C. DATE SIGNED

Dec 15 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 16/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

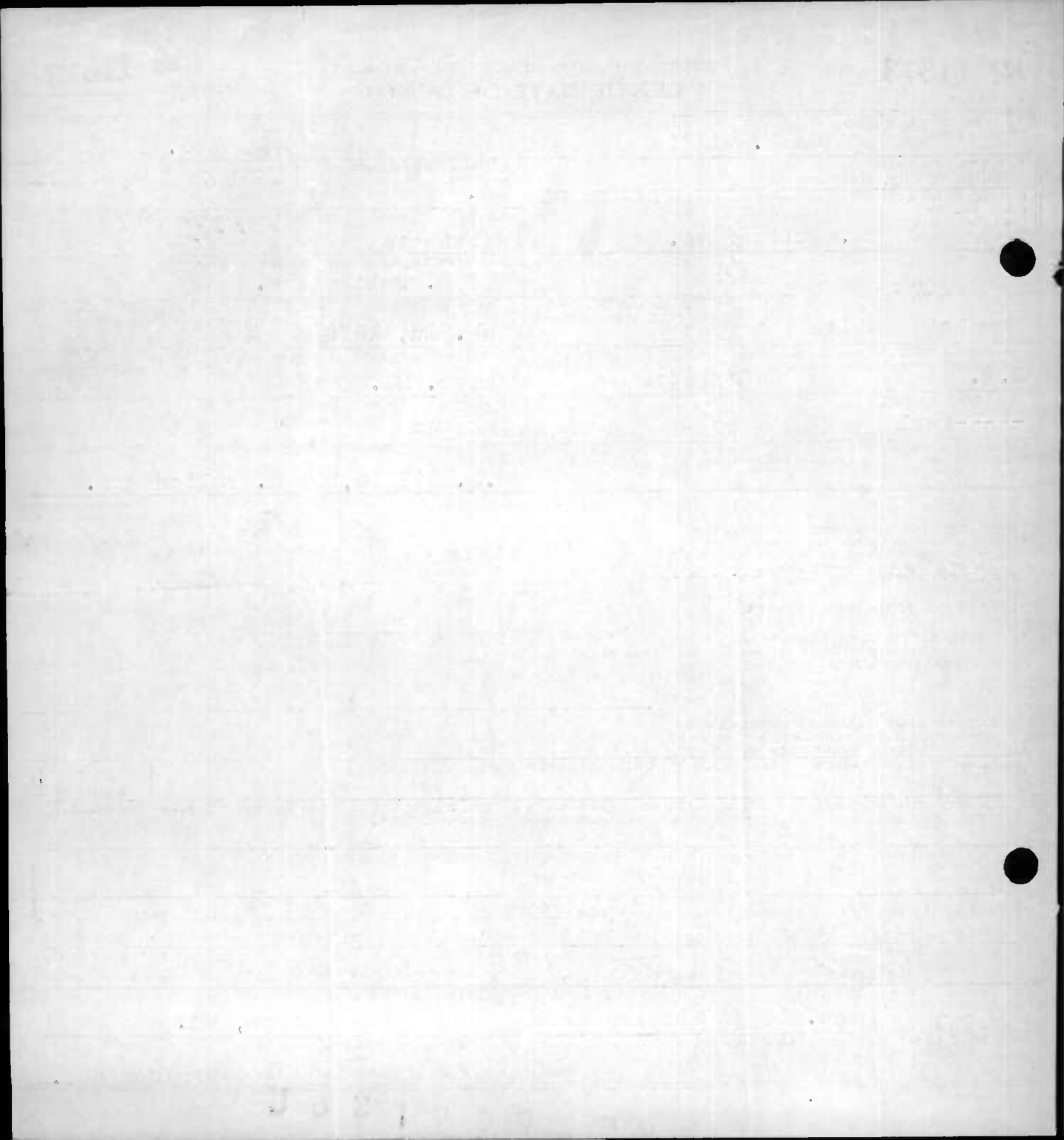
25. FUNERAL DIRECTOR

ADDRESS

Harry A. Hutzler 4101 Edmondson Ave.

9520011365

MEDICAL CERTIFICATION



52 11374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11374
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

May Dolch

2. DATE
OF
DEATH

Dec. 13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4134 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4134 Edmondson Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 1, 1875

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Levy Hat Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Dolch

14. MOTHER'S MAIDEN NAME

Jennie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. Fullwood, 3912 Glen Hunt Rd.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Thrombosis
DUE TO

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis
DUE TO

1 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1906, to Dec 12, 1952, that I last saw the
deceased alive on 12/13, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/16/52

Baltimore Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1952

Huntington Williams, M.D.

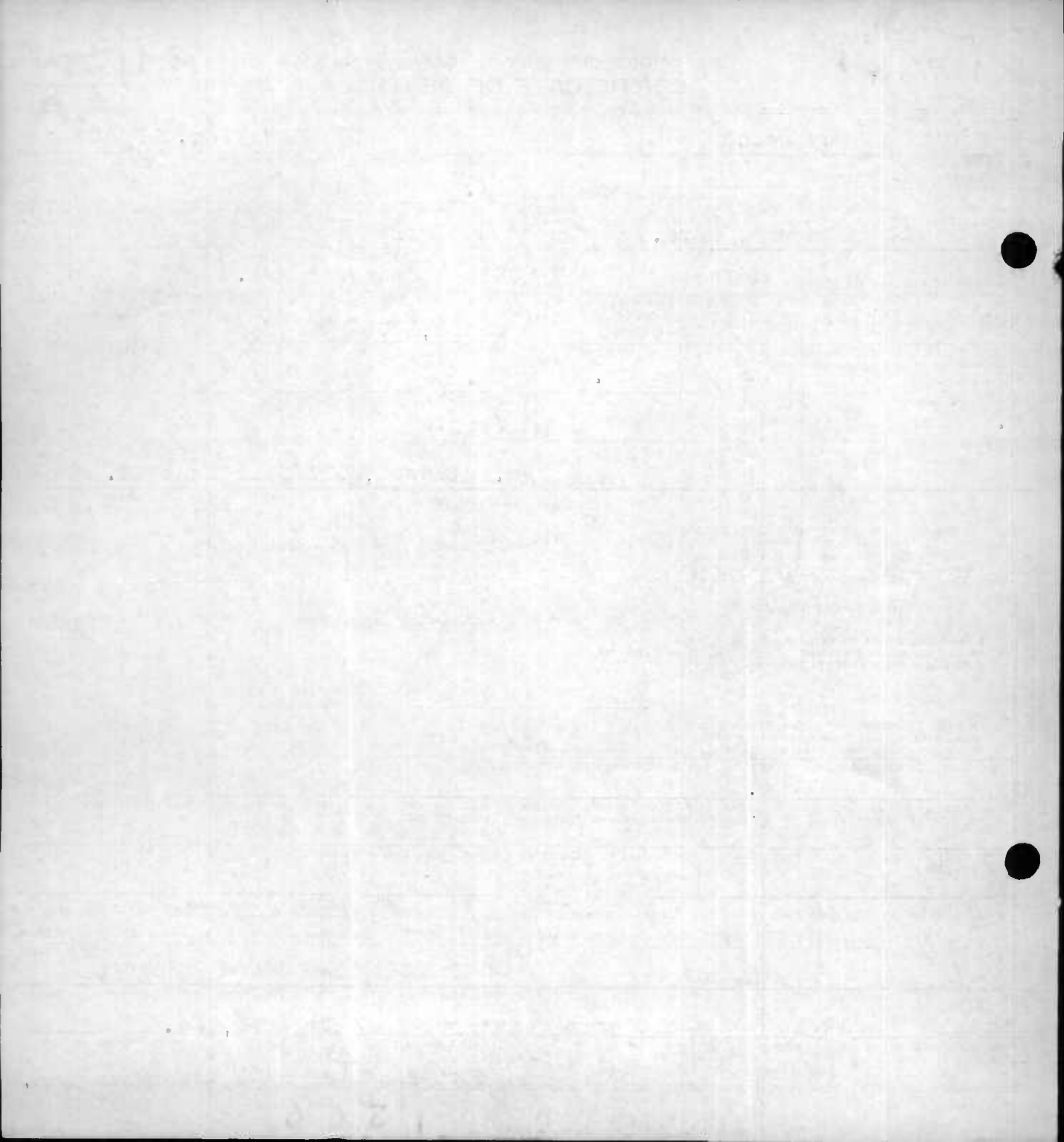
H. H. H. H. H.

4101 Edmondson Ave.

VS 150

1 2 5 2 0 0 1 1 3 6 6

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11375
Registered No.

52 11375
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY B. ORR ORME			2. DATE OF DEATH 12-14-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) ST. AGNES HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. MD. - HALETHORPE		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1701 Woodside Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1860		9. AGE (In years last birthday) 92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate - Ret.			10B. KIND OF BUSINESS OR INDUSTRY Self. Emp.		11. BIRTHPLACE (State or foreign country) Ind.
13. FATHER'S NAME (Deceased) Lemuel			14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			17. INFORMANT ADDRESS Mr. James W. Staley - 1701 Woodside Ave.		

18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH UREMIA.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) NEPHROSCLEROSIS DUE TO (B) GEN. ARTERIOSCLEROSIS DUE TO (C)	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. SENILITY, CAEMEXIA, MALNUTRITION		
19A. DATE OF OPERATION 12-13-52	19B. MAJOR FINDINGS OF OPERATION ARTERIOSCLEROSIS, THROMBOSIS, CANCER OF LEFT LEG	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10 , 19 52 to 12-14 , 19 52 that I last saw the deceased alive on 12-14 , 19 52 , and that death occurred at 6:15 p m., from the causes and on the date stated above.			
23A. SIGNATURE Thomas H. Houck	23B. ADDRESS ST. AGNES HOSP.	23C. DATE SIGNED 12-14-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-16-52	24C. NAME OF CEMETERY OR CREMATORY Landon Park	24D. LOCATION (City, town, or county) (State) Balto. Ind.
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS George A. Fuley Catonsville, Ind.	

EDICAL CERTIFICATION

correct age is especially important. Physicians: please use the causes of death clearly and regularly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH		CITY		COUNTY		STATE	
JAMES J. JONES		35		M		W		1915		NEW YORK		NEW YORK		NEW YORK		NEW YORK	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CITY		COUNTY		STATE		DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH	
JANUARY 1, 1950		10:00 AM		HOME		NEW YORK		NEW YORK		NEW YORK		JANUARY 1, 1950		10:00 AM		HOME	
CAUSE OF DEATH		MANNER OF DEATH		DISEASE		SYMPTOMS		TREATMENT		HISTORY		CAUSE OF DEATH		MANNER OF DEATH		DISEASE	
HEART DISEASE		NATURAL		CORONARY ARTERY DISEASE		PAIN IN CHEST		NO TREATMENT		NO HISTORY		HEART DISEASE		NATURAL		CORONARY ARTERY DISEASE	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CITY		COUNTY		STATE		DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH	
JANUARY 1, 1950		10:00 AM		HOME		NEW YORK		NEW YORK		NEW YORK		JANUARY 1, 1950		10:00 AM		HOME	

260
52 11376BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11376
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)M.
Mrs. Annie Zegar2. DATE
OF
DEATH

12/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4/1/89

9. AGE (in years
last birthday)

63

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic Work

10B. KIND OF BUSINESS OR
INDUSTRY

Bon Secours Hospital

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Leonard

14. MOTHER'S MAIDEN NAME

Ellen Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-01-4306

17. INFORMANT

ADDRESS

Mrs. Margaret Link - Cousin

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemopericardium

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Ruptured of Myocardial Infarct

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1952 to 12-15, 1952 that I last saw the
deceased alive on 12-15, 1952 and that death occurred at 10:25 A. M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

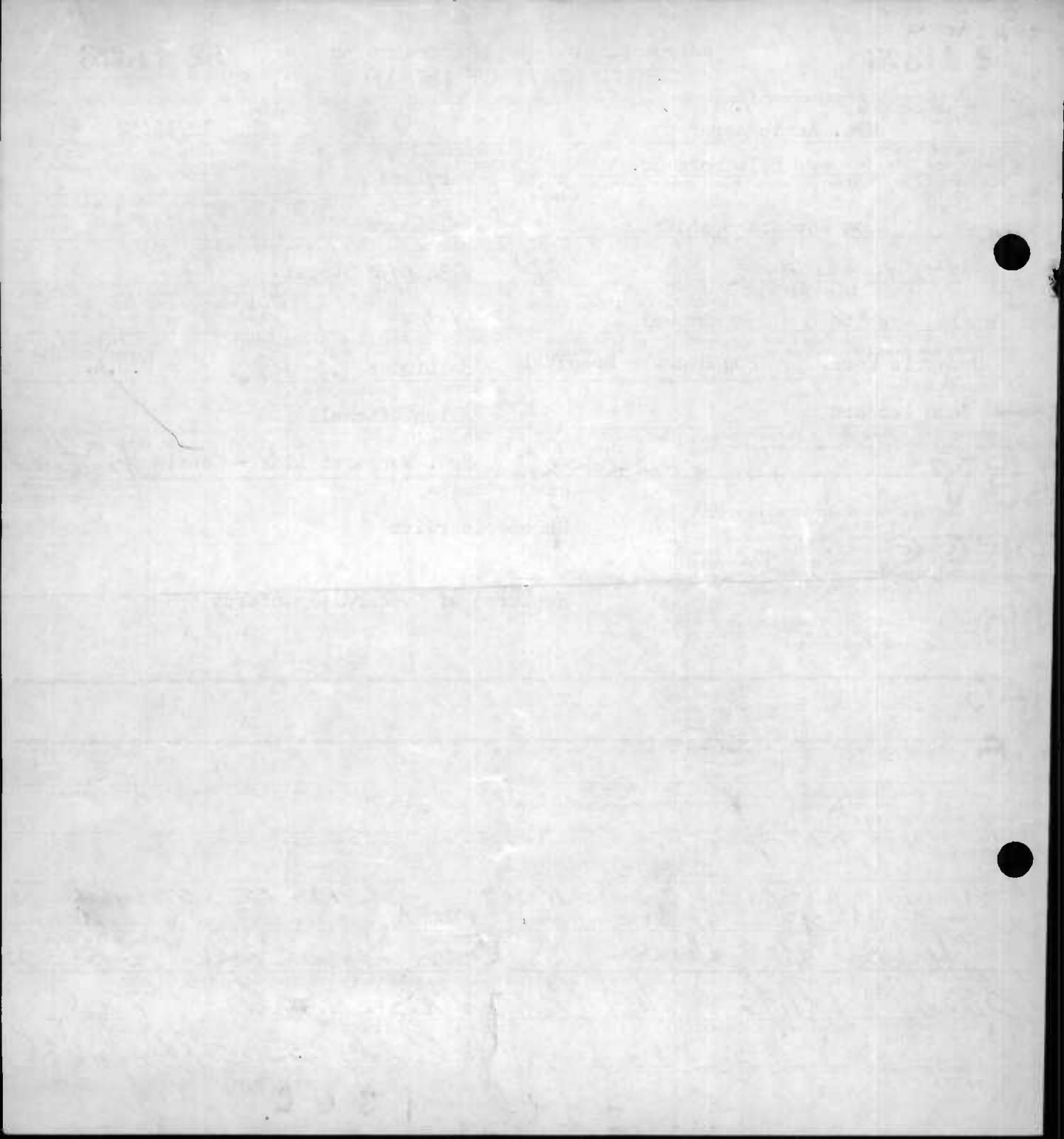
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

195 2200 FT 1360



52 11377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11377

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Edward Jansen

2. DATE
OF
DEATH

12/4/52 5:15 PM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3112 Fair Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto 1-01

D. STREET ADDRESS (If rural, give location)

3112 Fair Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

Widowed

8. DATE OF BIRTH

5/10/1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Maintenance Man

Building

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Jansen

14. MOTHER'S MAIDEN NAME

Caroline Norton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-12-5076

17. INFORMANT

ADDRESS

William Sheeler 3112 Fair Ave

18. 617X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial

1940

DUE TO Arteriosclerosis

1940

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chorea

1952

DUE TO Proximal-Stroke

1947

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Dec 1940 to Dec 14, 1952, that I last saw the
deceased alive on Dec 14, 1952, and that death occurred at 5:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1952

Huntington Williams, M.D. Cook Inc. 1217 St. Paul St.

VS 150

1952 00011369

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

REPORTED BY HEALTH DEPARTMENT

2-1-1917

1917

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>		<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>	
<p>7. MARITAL STATUS</p>		<p>8. COLOR</p>		<p>9. RELIGION</p>		<p>10. EDUCATION</p>		<p>11. PLACE OF DEATH</p>		<p>12. DATE OF DEATH</p>	
<p>13. CAUSE OF DEATH</p>		<p>14. DIRECT OR INDIRECT</p>		<p>15. DISEASE OR INJURY</p>		<p>16. PREVIOUS DISEASES</p>		<p>17. PREVIOUS INJURIES</p>		<p>18. PREVIOUS SURGERY</p>	
<p>19. MEDICAL HISTORY</p>		<p>20. PHYSICIAN'S SIGNATURE</p>		<p>21. PLACE OF DEATH</p>		<p>22. DATE OF DEATH</p>		<p>23. TIME OF DEATH</p>		<p>24. PLACE OF BURIAL</p>	
<p>25. NAME OF BURIAL PLACE</p>		<p>26. ADDRESS OF BURIAL PLACE</p>		<p>27. CITY OF BURIAL PLACE</p>		<p>28. STATE OF BURIAL PLACE</p>		<p>29. COUNTRY OF BURIAL PLACE</p>		<p>30. NAME OF BURIAL PLACE</p>	
<p>31. NAME OF BURIAL PLACE</p>		<p>32. ADDRESS OF BURIAL PLACE</p>		<p>33. CITY OF BURIAL PLACE</p>		<p>34. STATE OF BURIAL PLACE</p>		<p>35. COUNTRY OF BURIAL PLACE</p>		<p>36. NAME OF BURIAL PLACE</p>	
<p>37. NAME OF BURIAL PLACE</p>		<p>38. ADDRESS OF BURIAL PLACE</p>		<p>39. CITY OF BURIAL PLACE</p>		<p>40. STATE OF BURIAL PLACE</p>		<p>41. COUNTRY OF BURIAL PLACE</p>		<p>42. NAME OF BURIAL PLACE</p>	
<p>43. NAME OF BURIAL PLACE</p>		<p>44. ADDRESS OF BURIAL PLACE</p>		<p>45. CITY OF BURIAL PLACE</p>		<p>46. STATE OF BURIAL PLACE</p>		<p>47. COUNTRY OF BURIAL PLACE</p>		<p>48. NAME OF BURIAL PLACE</p>	
<p>49. NAME OF BURIAL PLACE</p>		<p>50. ADDRESS OF BURIAL PLACE</p>		<p>51. CITY OF BURIAL PLACE</p>		<p>52. STATE OF BURIAL PLACE</p>		<p>53. COUNTRY OF BURIAL PLACE</p>		<p>54. NAME OF BURIAL PLACE</p>	
<p>55. NAME OF BURIAL PLACE</p>		<p>56. ADDRESS OF BURIAL PLACE</p>		<p>57. CITY OF BURIAL PLACE</p>		<p>58. STATE OF BURIAL PLACE</p>		<p>59. COUNTRY OF BURIAL PLACE</p>		<p>60. NAME OF BURIAL PLACE</p>	
<p>61. NAME OF BURIAL PLACE</p>		<p>62. ADDRESS OF BURIAL PLACE</p>		<p>63. CITY OF BURIAL PLACE</p>		<p>64. STATE OF BURIAL PLACE</p>		<p>65. COUNTRY OF BURIAL PLACE</p>		<p>66. NAME OF BURIAL PLACE</p>	
<p>67. NAME OF BURIAL PLACE</p>		<p>68. ADDRESS OF BURIAL PLACE</p>		<p>69. CITY OF BURIAL PLACE</p>		<p>70. STATE OF BURIAL PLACE</p>		<p>71. COUNTRY OF BURIAL PLACE</p>		<p>72. NAME OF BURIAL PLACE</p>	
<p>73. NAME OF BURIAL PLACE</p>		<p>74. ADDRESS OF BURIAL PLACE</p>		<p>75. CITY OF BURIAL PLACE</p>		<p>76. STATE OF BURIAL PLACE</p>		<p>77. COUNTRY OF BURIAL PLACE</p>		<p>78. NAME OF BURIAL PLACE</p>	
<p>79. NAME OF BURIAL PLACE</p>		<p>80. ADDRESS OF BURIAL PLACE</p>		<p>81. CITY OF BURIAL PLACE</p>		<p>82. STATE OF BURIAL PLACE</p>		<p>83. COUNTRY OF BURIAL PLACE</p>		<p>84. NAME OF BURIAL PLACE</p>	
<p>85. NAME OF BURIAL PLACE</p>		<p>86. ADDRESS OF BURIAL PLACE</p>		<p>87. CITY OF BURIAL PLACE</p>		<p>88. STATE OF BURIAL PLACE</p>		<p>89. COUNTRY OF BURIAL PLACE</p>		<p>90. NAME OF BURIAL PLACE</p>	
<p>91. NAME OF BURIAL PLACE</p>		<p>92. ADDRESS OF BURIAL PLACE</p>		<p>93. CITY OF BURIAL PLACE</p>		<p>94. STATE OF BURIAL PLACE</p>		<p>95. COUNTRY OF BURIAL PLACE</p>		<p>96. NAME OF BURIAL PLACE</p>	
<p>97. NAME OF BURIAL PLACE</p>		<p>98. ADDRESS OF BURIAL PLACE</p>		<p>99. CITY OF BURIAL PLACE</p>		<p>100. STATE OF BURIAL PLACE</p>		<p>101. COUNTRY OF BURIAL PLACE</p>		<p>102. NAME OF BURIAL PLACE</p>	

52 11378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11378

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AUGUST GUTZAT

2. DATE
OF
DEATH

Dec. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pl. Drive & 31st Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3324 Hayward Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE/MARRIED,
WIDOWED/DIVORCED (Specify)
Married

8. DATE OF BIRTH

12/29/94

9. AGE (In years
last birthday)

57

10 Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Shop foreman10B. KIND OF BUSINESS OR
INDUSTRY
Chapman & Co. Coal

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

August Gutzat

14. MOTHER'S MAIDEN NAME

Anna Oberiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)
Yes

WWI & WW2 USN & USA

16. SOCIAL
SECURITY NO.
212-03-965617. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Lymphosarcoma with widespread
metastases

4 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Oct. 24, 19 52 to Dec. 14, 19 52 that I last saw the
deceased alive on Dec. 14, 19 52 and that death occurred at 11:53 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

12/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec. 17/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Loring Byers 5005 Pl. Heights Ave

VS 150

1 9 5 2 2 3 7 0

MEDICAL CERTIFICATION

6-11-9

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF DEATH	
5. PLACE OF DEATH		6. CAUSE OF DEATH		7. MANNER OF DEATH		8. SIGNATURE OF REGISTRAR	
9. SIGNATURE OF PHYSICIAN		10. SIGNATURE OF CORONER		11. SIGNATURE OF JURY		12. SIGNATURE OF WITNESSES	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF NEXT OF KIN		15. SIGNATURE OF MINISTER		16. SIGNATURE OF CHURCH	
17. SIGNATURE OF BURIAL		18. SIGNATURE OF CREMATION		19. SIGNATURE OF INTERMENT		20. SIGNATURE OF REINTERMENT	
21. SIGNATURE OF REINTERMENT		22. SIGNATURE OF REINTERMENT		23. SIGNATURE OF REINTERMENT		24. SIGNATURE OF REINTERMENT	
25. SIGNATURE OF REINTERMENT		26. SIGNATURE OF REINTERMENT		27. SIGNATURE OF REINTERMENT		28. SIGNATURE OF REINTERMENT	
29. SIGNATURE OF REINTERMENT		30. SIGNATURE OF REINTERMENT		31. SIGNATURE OF REINTERMENT		32. SIGNATURE OF REINTERMENT	
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37. SIGNATURE OF REINTERMENT		38. SIGNATURE OF REINTERMENT		39. SIGNATURE OF REINTERMENT		40. SIGNATURE OF REINTERMENT	
41. SIGNATURE OF REINTERMENT		42. SIGNATURE OF REINTERMENT		43. SIGNATURE OF REINTERMENT		44. SIGNATURE OF REINTERMENT	
45. SIGNATURE OF REINTERMENT		46. SIGNATURE OF REINTERMENT		47. SIGNATURE OF REINTERMENT		48. SIGNATURE OF REINTERMENT	
49. SIGNATURE OF REINTERMENT		50. SIGNATURE OF REINTERMENT		51. SIGNATURE OF REINTERMENT		52. SIGNATURE OF REINTERMENT	
53. SIGNATURE OF REINTERMENT		54. SIGNATURE OF REINTERMENT		55. SIGNATURE OF REINTERMENT		56. SIGNATURE OF REINTERMENT	
57. SIGNATURE OF REINTERMENT		58. SIGNATURE OF REINTERMENT		59. SIGNATURE OF REINTERMENT		60. SIGNATURE OF REINTERMENT	
61. SIGNATURE OF REINTERMENT		62. SIGNATURE OF REINTERMENT		63. SIGNATURE OF REINTERMENT		64. SIGNATURE OF REINTERMENT	
65. SIGNATURE OF REINTERMENT		66. SIGNATURE OF REINTERMENT		67. SIGNATURE OF REINTERMENT		68. SIGNATURE OF REINTERMENT	
69. SIGNATURE OF REINTERMENT		70. SIGNATURE OF REINTERMENT		71. SIGNATURE OF REINTERMENT		72. SIGNATURE OF REINTERMENT	
73. SIGNATURE OF REINTERMENT		74. SIGNATURE OF REINTERMENT		75. SIGNATURE OF REINTERMENT		76. SIGNATURE OF REINTERMENT	
77. SIGNATURE OF REINTERMENT		78. SIGNATURE OF REINTERMENT		79. SIGNATURE OF REINTERMENT		80. SIGNATURE OF REINTERMENT	
81. SIGNATURE OF REINTERMENT		82. SIGNATURE OF REINTERMENT		83. SIGNATURE OF REINTERMENT		84. SIGNATURE OF REINTERMENT	
85. SIGNATURE OF REINTERMENT		86. SIGNATURE OF REINTERMENT		87. SIGNATURE OF REINTERMENT		88. SIGNATURE OF REINTERMENT	
89. SIGNATURE OF REINTERMENT		90. SIGNATURE OF REINTERMENT		91. SIGNATURE OF REINTERMENT		92. SIGNATURE OF REINTERMENT	
93. SIGNATURE OF REINTERMENT		94. SIGNATURE OF REINTERMENT		95. SIGNATURE OF REINTERMENT		96. SIGNATURE OF REINTERMENT	
97. SIGNATURE OF REINTERMENT		98. SIGNATURE OF REINTERMENT		99. SIGNATURE OF REINTERMENT		100. SIGNATURE OF REINTERMENT	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11379

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willie (Manning) Watson

2. DATE
OF
DEATH

Dec 14. 52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

Found about 12/14/52

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

Hit by auto-

22. I certify that I took charge of the remains described above, held an

Autopsy

thereon and from

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☒

23c. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR ☐

12-14-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

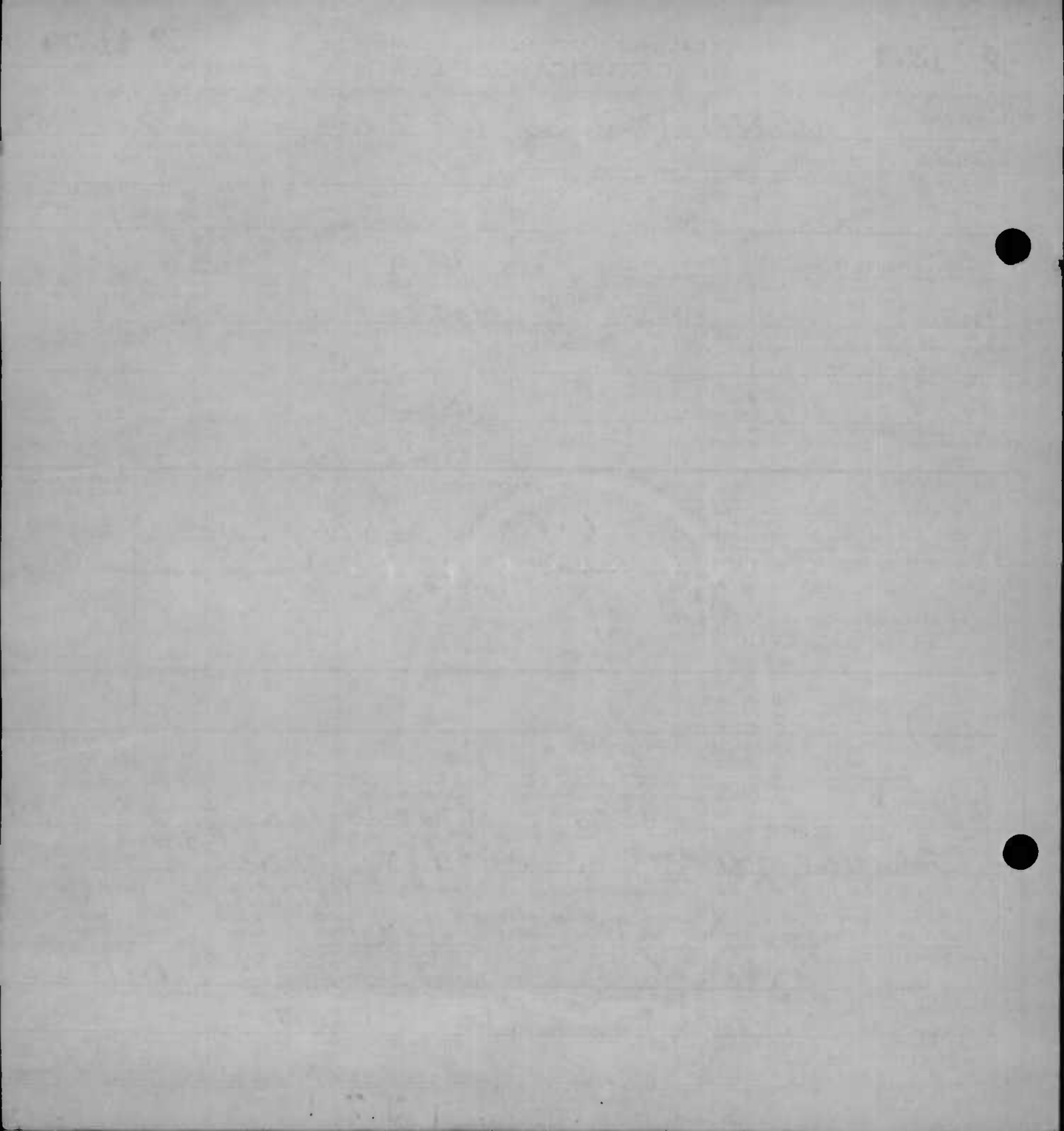
ADDRESS

DEC 16 1952

N 862.2

5 2 97 0 95 1 3 7 1

638 N. 9th St



-620
52 11380BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11380
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence May Brooks

2. DATE
OF
DEATH

Dec. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4515 Haven Nursing Home
Garrison Blvd.

C. Length of stay in Baltimore

74

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL, and give township)

28-41

D. STREET ADDRESS (If rural, give location)

4201 Elderon Ave.

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 2, 1878

9. AGE (In years,
last birthday)

74

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt city

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Brooks.

14. MOTHER'S MAIDEN NAME

Mary Treherne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ethel Bradley 4201 Elderon Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arterio sclerotic Heart Disease

4 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE OLD
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW OLD INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1-15-52, 19, to 12-15-52, 19, that I last saw the deceased alive on 12-12, 1952, and that death occurred at 8^{PM} A. M., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Racusin

M. D.

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

12-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-15-1952

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walliues, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS & SONS Co. 4905 YORK RD

52 0011372

OFFICE OF THE ATTORNEY GENERAL

STATE OF TEXAS

COUNTY OF DALLAS

IN RE: [illegible]

[illegible]

[illegible]

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300
52 11381BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11381
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY FREDERICK WETTE		2. DATE OF DEATH DEC. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 9-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION 511 E. 28TH ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 511 E. 28TH ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 9, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY RAILROAD	9. AGE (In years last birthday) 71
13. FATHER'S NAME WILLIAM WETTE		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		14. MOTHER'S MAIDEN NAME MARY CHRISTIAN	
16. SOCIAL SECURITY NO. 705-03-7567		17. INFORMANT ADDRESS MRS. E. F. SCHUMACHER 1847 E. 29TH ST.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension Cardio-vascular Renal disease DUE TO 10 YRS.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary thrombosis DUE TO 4 YRS.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 5, 1948 , to Dec. 14, 1952 , that I last saw the deceased alive on Dec. 13, 1952 , and that death occurred at 4:36 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Lloyd E. Saylor		23B. ADDRESS 3902 Greenmount Ave.	
23C. DATE SIGNED DEC. 15, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-17-1952	
24C. NAME OF CEMETERY OR CREMATORY LORRAINE PARK		24D. LOCATION (City, town, or county) (State) BALTO. Co. MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co.		ADDRESS 4905 YORK RD.	

3900 G. N. MOUNT AVE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11382
Registered No. 52 11382

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES MARSHALL

2. DATE
OF DEATH December 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 5-02

D. STREET ADDRESS (If rural, give location)

302 N. High St.

E. Length of stay in Baltimore 11 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

9. AGE (In years
last birthday) 43If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Banna

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sueie Marshall 302 N. High St

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. P. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ Dec. 13, 1952
MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/16/1952 Mt Calvary Cem.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

A.A.CO.Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

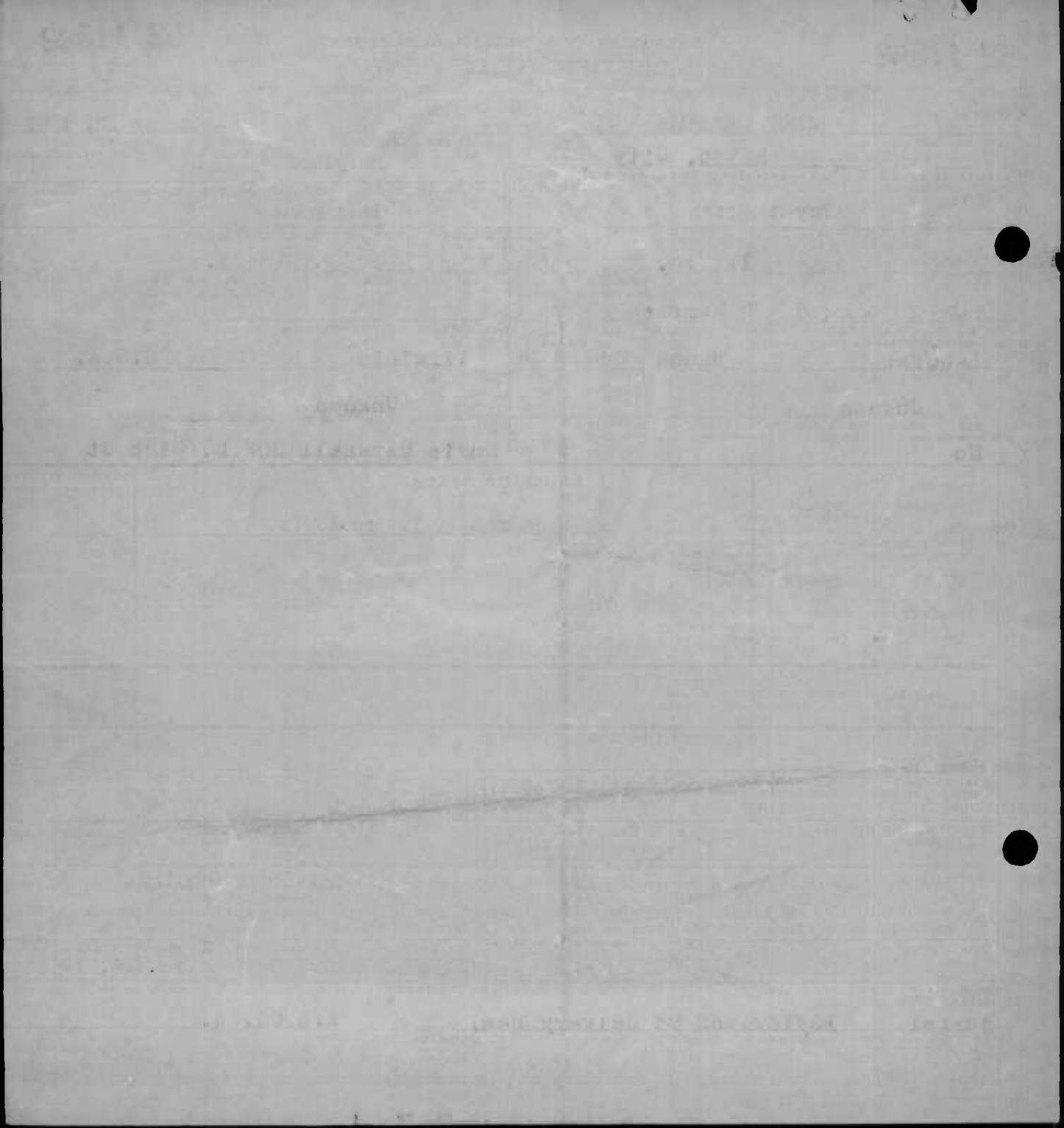
25. FUNERAL DIRECTOR

Elroyo, Wilson 1000 Buxton

ADDRESS

VS 151

97099



52 11383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11383

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Dea

2. DATE
OF
DEATH

12/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Southern Park A.C.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

5200

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept 28 1934

9. AGE (In years
last birthday)

18

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Dea

14. MOTHER'S MAIDEN NAME

Cora Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Cora Day Southern Park

18. 401.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Rheumatic Carditis

DUE TO

(B)

Chronic Rheumatic Heart Disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 19__ to __, 19__, that I last saw the deceased alive on 12/15, 1952, and that death occurred at 9:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel W. Deisher M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 19/52

24C. NAME OF CEMETERY OR CREMATORY

St. Mark's

24D. LOCATION (City, town, or county)

Annapolis

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. B. Johnson Annapolis

DEC 16 1952

VS 150

MEDICAL CERTIFICATION

Contact with the physician is especially important. Physicians: please write the causes of death clearly and legibly.

BATHING AND THE DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

SIBLINGS

PARENTS

GRANDPARENTS

OTHER RELATIVES

SOCIAL HISTORY

MEDICAL HISTORY

PSYCHOLOGICAL HISTORY

SUBSTANCE ABUSE

MENTAL DISORDERS

PHYSICAL DISORDERS

CHRONIC DISEASES

ACUTE DISEASES

INJURIES

SURGERY

MEDICATIONS

VACCINATIONS

ALLERGIES

DIET

EXERCISE

STRESS

SLEEP

MOTIVATION

COPING MECHANISMS

SUPPORT SYSTEM

CULTURAL FACTORS

LIFESTYLE

ENVIRONMENT

SOCIAL NETWORK

COMMUNITY

CULTURE

RELIGION

ETHNICITY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11384

52 11384
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CONRAD BITTNER - BUTTNER.

2. DATE
OF
DEATH

Dec. 13, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland **3302 Schuck St.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-11

D. STREET ADDRESS (If rural, give location)

3302 Schuck St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 6, 1867

9. AGE (In years last birthday)

85

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Watchman

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? Bittner

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles W. Bittner 220 N. Streeper

18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **ARTERIOSCLEROSIS, GENERALIZED**

10-20 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CEREBRAL HEMORRHAGE

24 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **JUNE 25, 1946** to **DEC. 13, 1952**, that I last saw the deceased alive on **DEC. 13, 1952**, and that death occurred at **8:28 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

Benjamin H. Hinton

M. D.

23B. ADDRESS

121 S. HIGHLAND AVE.

23C. DATE SIGNED

12/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-16-52.

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county) (State)

5712 O'Donnell St. Balto.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25 FUNERAL DIRECTOR

Charles S. Giles

ADDRESS

901 S. Conkling St.

UNITED STATES OF AMERICA DEPARTMENT OF HEALTH, EDUCATION AND WELFARE BUREAU OF REVENUE

Form 1041-10

NAME OF TAXPAYER: CHARLES T. BARNETT

DATE OF FILING: 10-15-64

AMOUNT OF TAX: \$10.00

TIME OF FILING: 10:00 AM

PLACE OF FILING: NEW YORK

STATE: NY

ADDRESS: 1234 5th Ave.

CITY: NEW YORK

ZIP: 10020

NAME OF AGENT: JOHN D. SMITH

NO. 10

NAME OF AGENT: JOHN D. SMITH

ADDRESS: 1234 5th Ave.

STATE OF NEW YORK
COUNTY OF NEW YORK
IN SENATE
January 15, 1965
REPORT OF THE
COMMISSIONER OF REVENUE
ON THE
ANNUAL REPORT OF THE
COMMISSIONER OF REVENUE
FOR THE YEAR 1964

THE COMMISSIONER OF REVENUE
REPORTS THAT THE REVENUE
FOR THE YEAR 1964 WAS
\$10.00.

THE COMMISSIONER OF REVENUE
REPORTS THAT THE REVENUE
FOR THE YEAR 1964 WAS
\$10.00.

THE COMMISSIONER OF REVENUE
REPORTS THAT THE REVENUE
FOR THE YEAR 1964 WAS
\$10.00.

THE COMMISSIONER OF REVENUE
REPORTS THAT THE REVENUE
FOR THE YEAR 1964 WAS
\$10.00.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 11385**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RONALD WOODS

2. DATE
OF
DEATH **December 13, 1952**3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1920 Herbert St.

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

1/2/43

9. AGE (In years
last birthday)

18 9

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Richard Woods

14. MOTHER'S MAIDEN NAME

Sylvia Marshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sylvia Woods 1920 Herbert St.

18. **E 916.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Asphyxia due to carbon monoxide
poisoning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) **2nd and 3rd degree burns**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1551 Leslie St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

About: 12-13-52(1:30 -2a.m.)

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

burned in fire in basement

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

J. P. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Dec. 13, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/17/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

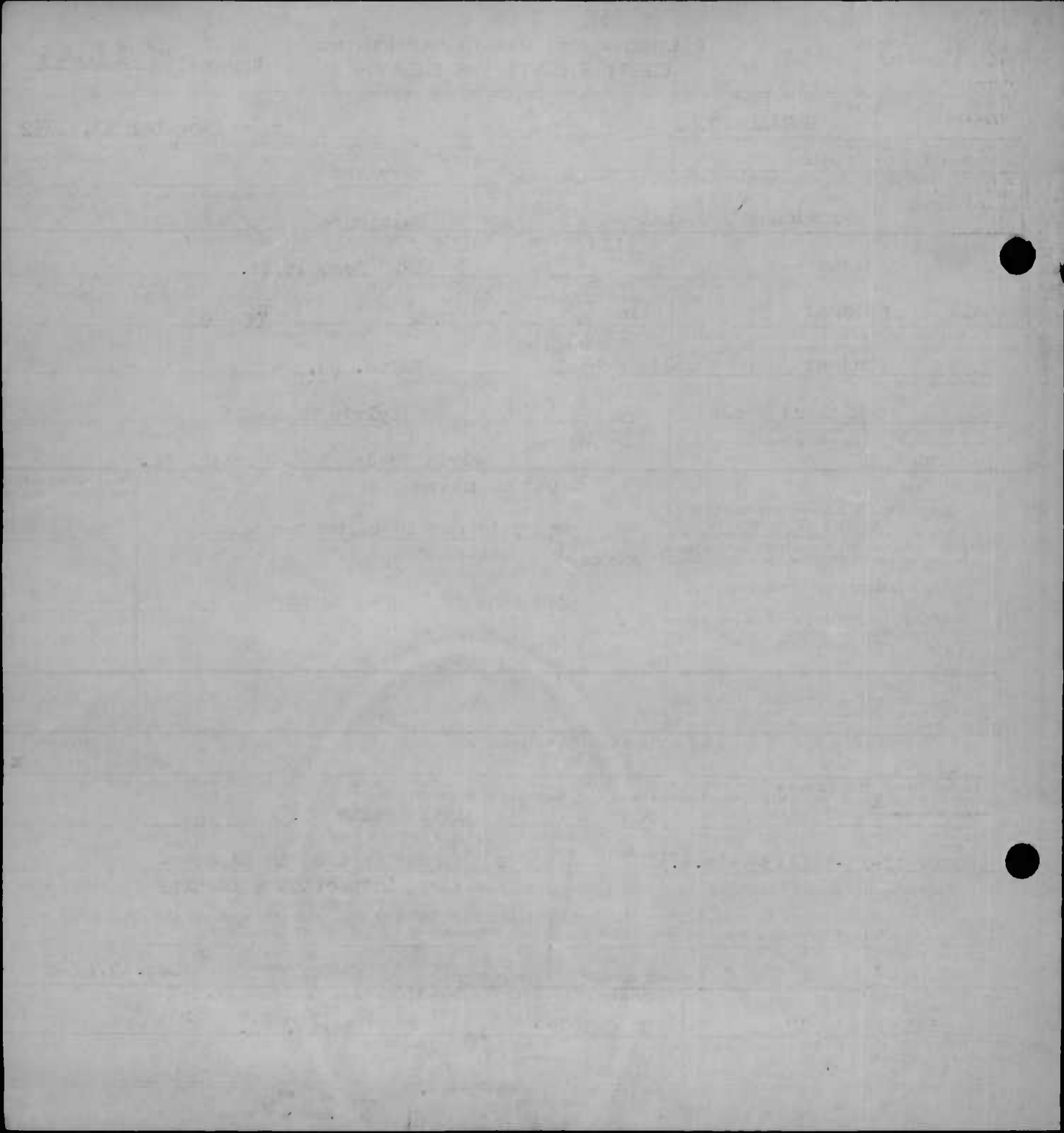
ADDRESS

Dep. S. Kelson 1303

VS 151

N 949.2

1111 Preston St.



G-520

52 11386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11386

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN GAMSE

2. DATE
OF
DEATH

December 16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-15

D. STREET ADDRESS (If rural, give location)

2021 W. Rogers Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1874

9. AGE (in years

last birthday)

78

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR INDUSTRY

Lithographer

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF

U.S.A.

13. FATHER'S NAME

Nochum Gamse

14. MOTHER'S MAIDEN NAME

Meriam Pass

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-05-1072

17. INFORMANT

Mrs. Lily Gamse - 2021 W. Rogers Ave

ADDRESS

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Gastric haemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Gastric carcinoma.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-15, 1952, to 12-16, 1952, that I last saw the deceased alive on 12-16, 1952, and that death occurred at 12:57 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Bernard Balshen

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

12-16-52.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1952

Huntington Williams, M.D.

Sol Levinson - Mrs. - 1124-26

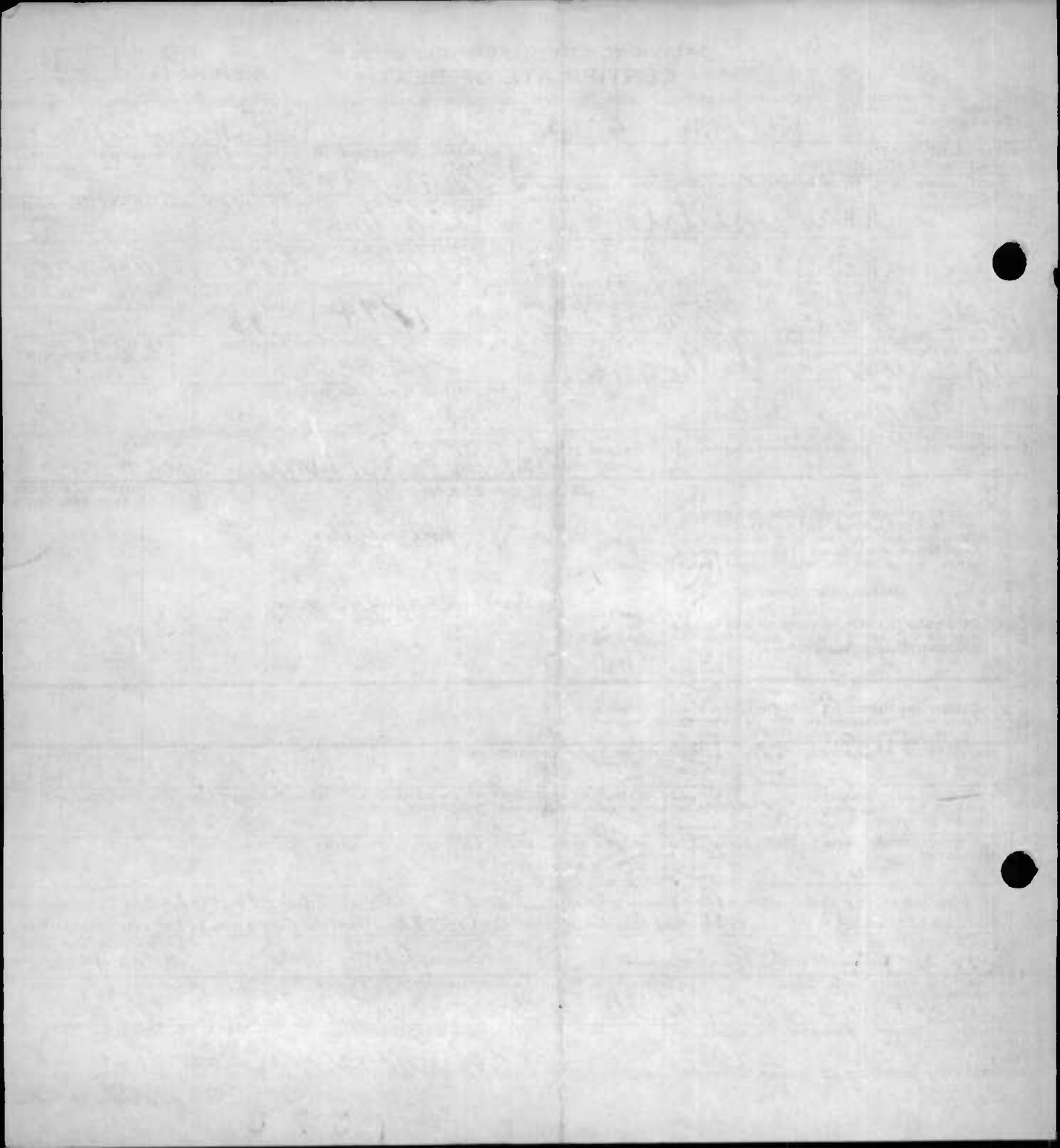
VS 150

W. North Ave

9520011370

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



D-120
52 11387

52 11387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELL SWORTH DAVIS

2. DATE
OF
DEATH

Dec. 12-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 9 S. Calhoun St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)
STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

9 S. Calhoun St 19-03

c. Length of stay in Baltimore

74 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

June 17-1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

R.R. Car. Inspector

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jacob Davis

14. MOTHER'S MAIDEN NAME

Jessie Dyane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Davis 9 S. Calhoun St

18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Feb. 4, 1957

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

(C)

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1951, to Dec. 12, 1952, that I last saw the
deceased alive on Dec. 12, 1952, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. B. Schreiber

M. D.

23B. ADDRESS

57 S. Fulton Ave

23C. DATE SIGNED

12-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-16-52

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Beyer Jr. 1512 Hollins St.

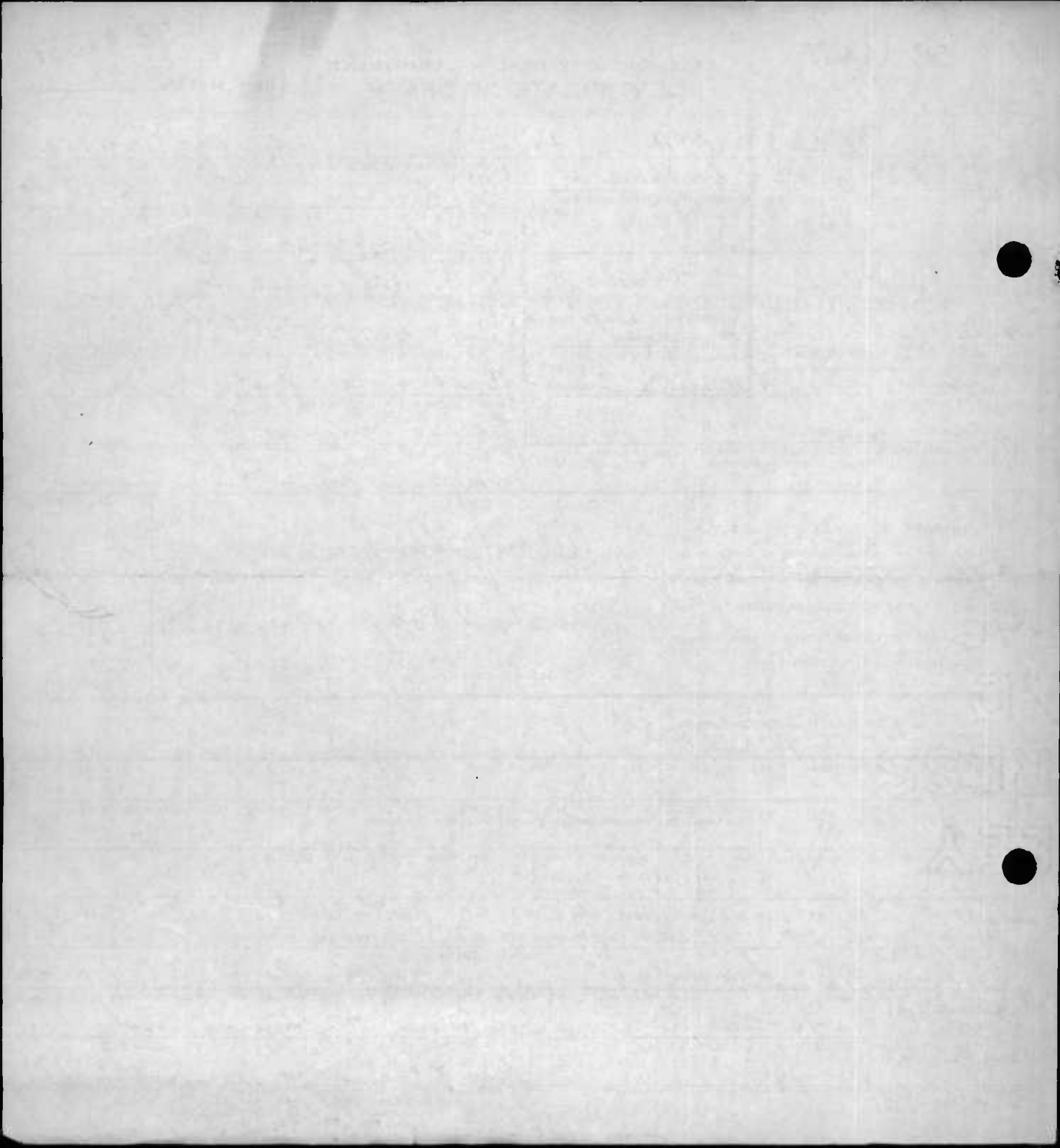
DEC 16 1952

533.50

Balt. 28-Md

MEDICAL CERTIFICATION

Important - physicians - please write the cause of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11388**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Victoria Regula

2. DATE
OF
DEATH

Dec 15 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore Md*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

620 S. Potomac St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

620 S. Potomac St

c. Length of stay in Baltimore

5 1/2 Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec 21 1883

9. AGE (In years last birthday)

69

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wawrzyniec Doroz

14. MOTHER'S MAIDEN NAME

Magdalena Soja

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-14-2758

17. INFORMANT

ADDRESS

Paul Regula 620 S. Potomac St

18. *442x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic Cardio-vascular renal disease* 2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Dec. 10, 1952* to *Dec. 15, 1952* that I last saw the deceased alive on *Dec. 14, 1952*, and that death occurred at *12:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. Ledoux

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

12/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 18/52

24C. NAME OF CEMETERY OR CREMATORY

Laced Heart of Mary German Hill Rd

24D. LOCATION (City, town, or county)

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John J. Duda Inc 2829 Hudson St

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

1918



9-650

52 11389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11389

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lida Croome

2. DATE
OF
DEATH

Dec. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION1601 M^c Culloch St.

C. Length of stay in Baltimore

75 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 14-05

D. STREET ADDRESS (If rural, give location)

1601 M^c Culloch St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Apr. 4, 1877

9. AGE (In years
last birthday)

75

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Kennard

14. MOTHER'S MAIDEN NAME

Margaret Harden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

000000

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

H-630
52 11390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11390
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHEPPARD P. HART

2. DATE
OF
DEATH

12/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1924 Madison Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

1924 Madison Ave.

c. Length of stay in Baltimore

17 yrs.

Yrs.
Mos.
Days

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 9, 1892

9. AGE (In years

last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor

10B. KIND OF BUSINESS OR INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

Anderson, N. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Anderson W. Hart

14. MOTHER'S MAIDEN NAME

Elizabeth Burwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. PRESENT ADDRESS

1924 Madison Ave.

18. 451X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) RUPTURE OF AORTA
DUE TO DISSECTING ANEURYSM
OF AORTA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

R. B. Fries

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

24E. (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

1952

Funeral Home

1621 Druid Hill Ave

1941

RECEIVED

1941

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11391
Registered No.

5-530
52 11391
BIRTH NO. 52-17882

1. NAME OF DECEASED (Type or Print) DENNIS P. SMITH			2. DATE OF DEATH 12-15-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY X		
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 25-05		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1332 DIVER COURT, #25		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 8-6-52	9. AGE (In years last birthday) 49	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTO., MD.		12. CITIZEN OF WHAT COUNTRY? USA-
13. FATHER'S NAME Dennis P. Smith			14. MOTHER'S MAIDEN NAME Kazel Stator		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS James Stator, 1332 Diver Court		

MEDICAL CERTIFICATION

18. 493X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia with erythema, etiol. undet.			CAUSE OF DEATH Pneumonia with erythema, etiol. undet.			INTERVAL BETWEEN ONSET AND DEATH 5 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)					
19A. DATE OF OPERATION 12-15-52		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 12-13-52 , 19__, to 12-15-52 , 19__, that I last saw the deceased alive on 12-15-52 , 19__, and that death occurred at 5:10 P.m. , from the causes and on the date stated above.								
23A. SIGNATURE Ms. S. Parrell		M. D. Lutheran Hospital		23B. ADDRESS		23C. DATE SIGNED 12-16-52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/18/52		24C. NAME OF CEMETERY OR CREMATORY Prospect Hill		24D. LOCATION (City, town, or county) (State) Towson, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul St.		

DEC 16 1952

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COURT REPORTER

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15-535
52 11392BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11392

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Augusta Kontner

2. DATE
OF
DEATH

Dec. 15 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1400 N. Lexington St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution give street address or location)
Aged Women's and Aged Men's Homes.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1400 N. Lexington St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 1 1868

9. AGE (In years last birthday)

84

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Conrad Kontner

14. MOTHER'S MAIDEN NAME

Cecilia Theinert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

P. H. Read ADDRESS
1400 N. Lexington St.

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Crown Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerotic vascularization

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1949, to Dec 15, 1952, that I last saw the deceased alive on Dec 14, 1952, and that death occurred at 4:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin Edward Day

M. D.

23B. ADDRESS

4-E-33W 8-18

23C. DATE SIGNED

Dec. 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/17/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc., 1212 St Paul St.

52 11393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11393
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Caroline C. Mullineaux

2. DATE
OF
DEATH

Dec. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2230 East Oliver St.

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR, OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 29, 1874

9. AGE (In years)

78

If Under 1 Year

Months: Days

If Under 24 hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Martin Callan

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn C. Lutz - 2230 E. Oliver St.

18. 322 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Thrombosis
DUE TO Arteriosclerosis8 days
2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterial Hypertension
Rheumatoid Arthritis.

2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1952 to Dec. 15, 1952 that I last saw the deceased alive on Dec. 15, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1613 E. North Ave.

23C. DATE SIGNED

12-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-19-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

North Am. - Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1952

H. E. Williams, M.D. John C. Miller Inc. - 2435 E. Oliver St.

STATE OF TEXAS
COUNTY OF DALLAS

MY DEAR SIR,

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,

J. M. [Signature]

Notary Public in and for the State of Texas.

My Commission Expires on the 1st day of [Month] 19[Year].

Witness my hand and seal this 11th day of [Month] 19[Year].

[Signature]

[Signature]

52 11394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11394

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andrew Charyshyn

2. DATE
OF
DEATH

Dec. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

926

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore since 1914

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1886

9. AGE (In years

last birthday)

10. Under 1 Year

Months; Days

11. Under 24 Hours

Hours; Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Ceres Clothing Co.

13. FATHER'S NAME

Pete Charyshyn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

215-23-2207

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 491X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

10 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatic heart disease

? 60 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1952 to 12/13, 1952, that I last saw the
deceased alive on 12/13, 1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Franklin Williams

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1952

Huntington Williams, M.D.

John W. Welcher 401 S. Chester St

VS 150

59046

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 11395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11395
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STANLEY FEEBACK

2. DATE
OF
DEATH

12.13.52 2:20 PM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland, Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Woodlawn

5300

D. STREET ADDRESS (If rural, give location)

6023 Guyan Oak Ave

c. Length of stay in Baltimore

10 years

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 24, 1902

9. AGE (In years,
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Ice Cream Mfg.

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

unknown Feedback

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

265-03-4675

17. INFORMANT

ADDRESS

Mr. George F. Gist, Jr.-3201 Berkshire Rd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Sweet's.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1952 to 12/13/52, that I last saw the
deceased alive on 12/13, 1952, and that death occurred at 3 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Blum M.D.

23B. ADDRESS

1115 N. Calvert St.

23C. DATE SIGNED

12/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/17/52

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1952

Huntington Williams, M.D.

Wm. J. Pickens & Sons

VS 150

68046 21 Balto., Md.

correct age is especially important. Physicians: please write the cause of death clearly and fully.

MEDICAL CERTIFICATION

100

52 11396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11396

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mayer, Xaverius Albert

2. DATE
OF
DEATH

December 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2608 Cecil Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 2, 1908

9. AGE (In years
last birthday)

44

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Superintendent

10B. KIND OF BUSINESS OR
INDUSTRY

U. S. Lines

11. BIRTHPLACE (State or foreign country)

Holland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Albertus M. Mayer

14. MOTHER'S MAIDEN NAME

Marie Huysman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-09-3234

17. INFORMANT 2608 Cecil Avenue ADDRESS 13

Mrs Gertrude P. Mayer

18. 416x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive heart failure

DUE TO

(C) Rheumatic heart disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 10, 1952 to December 15 1952, that I last saw the
deceased alive on Dec. 15, 1952, and that death occurred at 12:15 m., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Loffay Jr.

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

Dec. 15, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/19/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD

VS 150

1952905

1300

1301

M-226

52 11397

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11397

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY A. McCUSKER			2. DATE OF DEATH Dec. 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2871 Pelham Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-01		
C. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2871 Pelham Avenue		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 9, 1879		9. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office clerk		10B. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lewis McCusker			14. MOTHER'S MAIDEN NAME ? Oswald		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 705-05-7819	17. INFORMANT 2871 Pelham Avenue -13 Mrs. Carrie McCusker		
18. 199.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma neck. (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 yr 8 mo		
19A. DATE OF OPERATION 8/4/51			19B. MAJOR FINDINGS OF OPERATION Sq. cell carcinoma neck		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from July 1951 , to Dec 14, 1952 that I last saw the deceased alive on 12/14, 1952 and that death occurred at 7:45 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE S. Harding			23B. ADDRESS 3805 Belair Rd		23C. DATE SIGNED 12/15/52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/17/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	

VS 150

390500011380

correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

12-11-77

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

12-11-77

Blank form with horizontal lines for text entry.

12-11-77

5-455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11398
Registered No.

52 11398
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH SOLOMON

2. DATE
OF
DEATH

12/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSP.

Length of stay in Baltimore

Life

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
M.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 5-01

D. STREET ADDRESS (If rural, give location)
3404 CARDENAS AVE

8. DATE OF BIRTH

July 10, 1893

9. AGE (In years last birthday)

59

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RAILROADER

10B. KIND OF BUSINESS OR INDUSTRY

Railroads

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES SOLOMON

14. MOTHER'S MAIDEN NAME

CATHERINE KIRSCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.
705-10-6489

17. INFORMANT 3404 Cardenas Ave. 13
Mrs. Lillian K. Solomon

18. 570.2 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) M E S E N T E R I C T H R O M B O S I S

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/26/52

19B. MAJOR FINDINGS OF OPERATION

GANGRENOUS TERM. ILEUM due to MES. THROM

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

20. AUTOPSY?

YES ☐ NO ☐

22. I hereby certify that I attended the deceased from 11/26/52, 19, to 12/14/52, 19, that I last saw the deceased alive on 12/14/52, 19, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert F. Pyden

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

12/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/18/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

HEAT SENDER & SONS, INC.

BALTO., 13, MD.

ADDRESS

Slays F. Smith

DEC 16 1952

VS 150

690250011390

APR 25

THE UNIVERSITY OF CHICAGO
LIBRARY
1200 EAST 58TH STREET
CHICAGO, ILL. 60637
TEL. 733-4331

THE UNIVERSITY OF CHICAGO
LIBRARY
1200 EAST 58TH STREET
CHICAGO, ILL. 60637
TEL. 733-4331

THE UNIVERSITY OF CHICAGO
LIBRARY
1200 EAST 58TH STREET
CHICAGO, ILL. 60637
TEL. 733-4331

1200 11200

52 11399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11399

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MONACO, ANNA

2. DATE
OF
DEATH

12.15.52 at 12:00

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Doctors Hospital

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONDoctors Hospital
2724 N. Charles St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

9-07

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

1737 Montpelier St.

C. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 26, 1897

9. AGE (In years
last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10 19 12

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Heinrich Reiberding

14. MOTHER'S MAIDEN NAME

Kathleen A Reiberding

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT 227 N. Calvert Street
Mr. Louis J. Monaco 29

18. 443 x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive C-V Disease

10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to Dec. 15, 1952, that I last saw the
deceased alive on Dec. 14, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Morris W. Reiberding

23B. ADDRESS

410 N. Hilton St

23C. DATE SIGNED

Dec. 15, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/18/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

Sept. 1, 1952

VS 150

52 0011399

BALTIMORE CITY BOARD OF HEALTH
CERTIFICATE OF DEATH

DECEASED
NAME
AGE
SEX
DATE OF BIRTH
DATE OF DEATH
PLACE OF BIRTH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

52 11400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11400
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FANNIE E WOODWARD		2. DATE OF DEATH DEC 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY 26-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3926 FAIT AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3926 FAIT AVE	
5. SEX 7	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	B. DATE OF BIRTH JAN 6, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 83
13. FATHER'S NAME UNKNOWN ? HARRIS		11. BIRTHPLACE (State or foreign country)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME UNKNOWN	
17. INFORMANT		ADDRESS Mrs HENDERSON, SAME	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchiogenic Carcinoma DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May**, 19 **52** **Dec.**, 19 **52** that I last saw the deceased alive on **Dec. 16, 1952** and that death occurred at **12:50 PM**, from the causes and on the date stated above.

23A. SIGNATURE Clarna W. LeDoux	M. D.	23B. ADDRESS 3023 Eastern Ave	23C. DATE SIGNED 12/17/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12/19/52	24C. NAME OF CEMETERY OR CREMATORY PARKWOOD	24D. LOCATION (City, town, or county) (State) TAYLOR AVE-Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mildred J. Blight	ADDRESS 6009 Harford

9520011322

MEDICAL CERTIFICATION

3023 Eastern Ave.
9x10.30 -

Dr. De Long

52 11401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11401

BIRTH NO. 52-31744

1. NAME OF DECEASED
(Type or Print)

Baby girl Singleton

2. DATE
OF
DEATH

Dec. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hosp. of Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE B. COUNTY

Baltimore, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 20-07

D. STREET ADDRESS (If rural, give location)

3704 W. Saratoga St.

Length of stay in Baltimore

1 Day

5. SEX

7

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 15, 1952

9. AGE (In years
last birthday)

11 Months 51 Days

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

America

13. FATHER'S NAME

Howard Calvin Singleton

14. MOTHER'S MAIDEN NAME

Bridget Concetta DiLeonardi

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Father

ADDRESS

as above

18. 754.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac Decompensation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Inter auricular septal defect

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1952, to 12/16, 1952 that I last saw the
deceased alive on 12/16, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Oscar Hartman

23B. ADDRESS

1801 East Ave

23C. DATE SIGNED

12/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/17/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William J. Dickner & Sons

ADDRESS

Nuch & Penna Over

MEDICAL CERTIFICATION

Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

EASTWICH CITY HEALTH DEPARTMENT

104118

111111

Blank certificate form with horizontal lines for text entry.

52 11402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11402
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)FRED Frederick Wilhelm Stange
STANGE2. DATE
OF
DEATH

12/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 830 Stoll St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
Maryland noneC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 25-04D. STREET ADDRESS (If rural, give location)
830 Stoll St.

E. Length of stay in Baltimore

life Yrs.
Mos. Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

12 - 26 - 14

9. AGE (In years
last birthday)

37

If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Insurance Agent

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Oscar H. Stange

14. MOTHER'S MAIDEN NAME

Florence A. Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Dorothy M. Stange 1729 Pin Oak Rd.

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cranio cerebral Injury
- FRACTURE SKULL - CONTUSION OF BRAIN

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
830 STOLL STREET21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
12 14 52 A. m.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
Fell down steps22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

12 - 18 - 52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

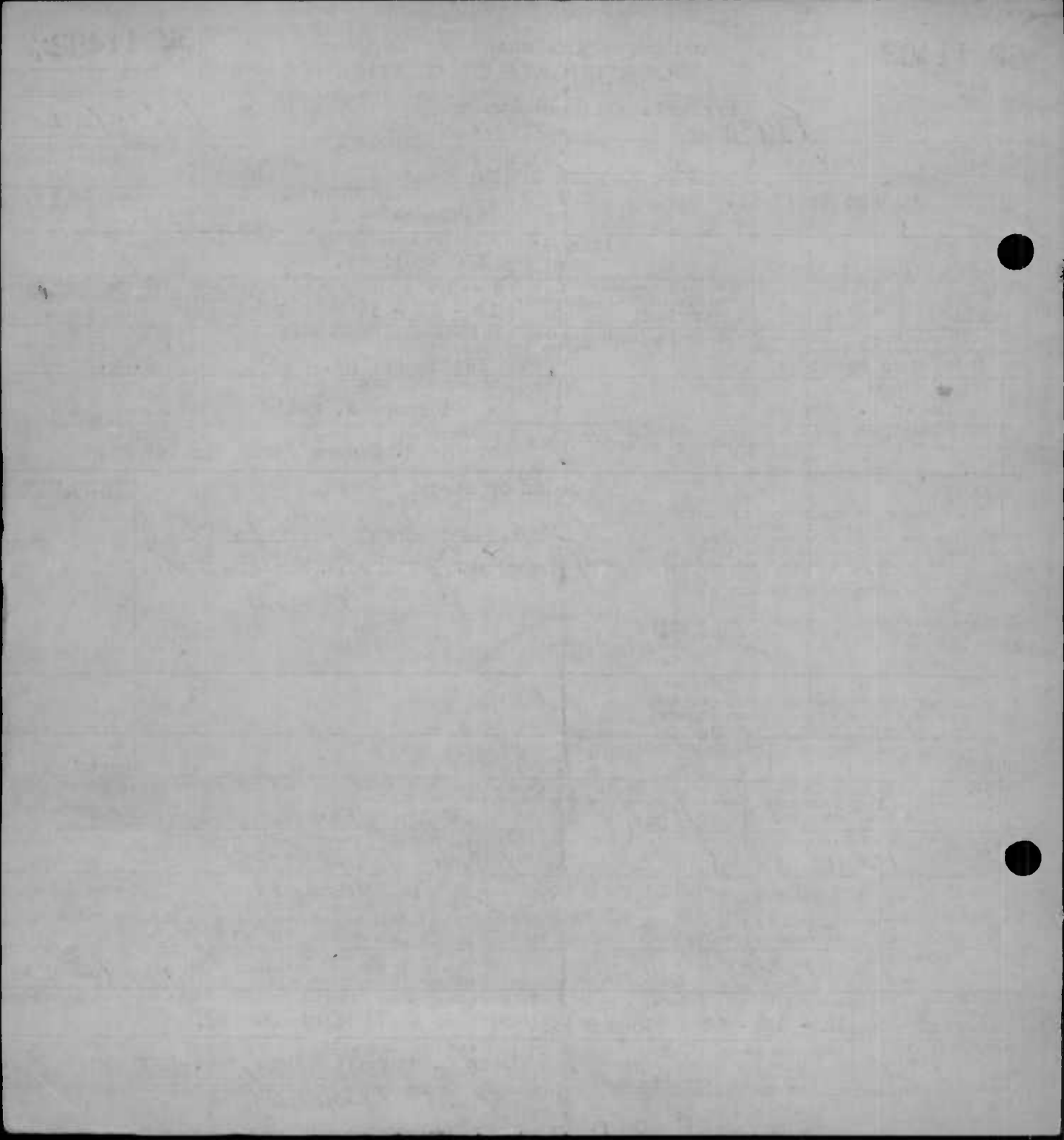
ADDRESS

M B Mitchell

VS 151

N 803.21 45023

PLEASE WRITE PLAINLY, WITH EXTENDING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 11403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11403

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie L. Spedden

2. DATE

OF

DEATH

12 - 15 - 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Southern Home & Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY noneC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-03

D. STREET ADDRESS (If rural, give location)

Southern Home - 2510 Greenmount Ave.

c. Length of stay in Baltimore

87

Yrs.

Mos.

Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

11 - 5 - 65

9. AGE (In years last birthday)

87

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Charles H. Seward

14. MOTHER'S MAIDEN NAME

Mary L. Applegarth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records, Southern Home - 2510 Greenmount Ave

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia, lobular unresolved

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anteromedullary Heart Disease Dr. J.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

H. Z. Wallmueler

M. D.

23B. ADDRESS

Medical Arts Bldg.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

12 - 17 - 52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

VS 150

MEDICAL CERTIFICATION

100

52 11404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11404
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank A. Parker PARKER

2. DATE
OF
DEATH

December 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-02

D. STREET ADDRESS (If rural, give location)

2106 Mt. Royal Terrace

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-13-28

9. AGE (In years,
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lumber dealer

10B. KIND OF BUSINESS OR
INDUSTRY

retail

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

J. Sumner Parker

14. MOTHER'S MAIDEN NAME

Margaret Abrahams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

241X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pulmonary emphysema
Bronchial asthma, chronic

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐22. I hereby certify that I attended the deceased from 12-15, 1952, to 12-15, 1952, that I last saw the
deceased alive on 12-15, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12-17-52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc., 1900 Eutaw Pl.

ADDRESS

M B Mitchell

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1987

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

1987

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

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UNITED STATES OF AMERICA

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 11405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11405

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. Alan Brown

2. DATE
OF
DEATH

Dec. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Dist 5

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Florida

B. COUNTY

V-08

C. CITY OR TOWN

Clearwater

D. STREET ADDRESS (If rural, give location)

Box 1196

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-22-1894

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR
INDUSTRY

medicine

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Edward C. Brown

14. MOTHER'S MAIDEN NAME

? Mena

De Witt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 581.0 and 156.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hepatic Coma

3

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Carcinoma of liver

2 yrs.

DUE TO

(C)

Cirrhosis of liver

3 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐

NOT WHILE ☐

m.

AT WORK

22. I hereby certify that I attended the deceased from 12/5, 1952, to 12/16, 1952, that I last saw the
deceased alive on 12/16, 1952, and that death occurred at 5:35 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

cremation

12 - - 52

Greenmount

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

John O. Mitchell & Sons, Inc.-1900 Eutaw Pl.

M B Mitchell

1952075PS 1397

RECEIVED BY THE DIRECTOR
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RECEIVED BY THE DIRECTOR
OF THE BUREAU OF THE
NAVY

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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52 11406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11406

Registered No.

BIRTH NO. 52-30471

1. NAME OF DECEASED (Type or Print) Baby Girl Hoy			2. DATE OF DEATH 12-16-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5309 Bellville Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-15-52	9. AGE (In years last birthday) 12hrs.	If Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Hoy			14. MOTHER'S MAIDEN NAME Mary Cheafer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Gordon Hoy 5309 Belleville Ave.		

18. 769.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Torsion of placenta (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Placenta separating placenta DUE TO (C) prematurity		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 15 , 19 52 to Dec 16 , 19 52 that I last saw the deceased alive on Dec 15 , 19 52 , and that death occurred at 3:20 Am. , from the causes and on the date stated above.					
23A. SIGNATURE P. H. Heng-Tsun		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED Dec 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-17-52		24C. NAME OF CEMETERY OR CREMATOR Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS E. E. Worth Amacost 4600 Liberty Heights Ave.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

19520011390

52 11407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11407
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE

MURPHY

2. DATE
OF
DEATH December 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION If not in hospital or institution, give street address or location)

Bon Secours Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1905 W. Fayette Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SEPARATED

8. DATE OF BIRTH

7-16-1871

9. AGE (In years last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CUNNINGHAM

14. MOTHER'S MAIDEN NAME

FLANNERY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MRS. MARIE HART 1906 W. Fayette St

18. E 8124

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull Fracture

XXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Subdural Hemorrhage

XXXX

(C) Contusion of Brain

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Monroe & Fayette Streets

20-1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

12/14/52 5:40 A.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
12/15/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Dec. 18-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd - BALTO Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thomas J. Kenny Inc. 1600 Hollins St

VS 151

N-803-2

15 1781-84

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200
52 11408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11408
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hayes, Mr Earl</i>			2. DATE OF DEATH <i>12-15-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>26-36</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home & Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>16 years</i>			D. STREET ADDRESS (If rural, give location) <i>6511 Baltimore Ave</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 7, 1897</i>	9. AGE (In years last birthday) <i>55</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>foreman</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Hayes, Mr Henry</i>			14. MOTHER'S MAIDEN NAME <i>Fulcher</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Patien</i>		
			ADDRESS		

18. <i>470.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>	CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) DUE TO (C) 	INTERVAL BETWEEN ONSET AND DEATH <i>one day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) 		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-15, 1952</i> , to <i>12-15, 1952</i> , that I last saw the deceased alive on <i>12-15, 1952</i> , and that death occurred at <i>9:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>U. S. E. ...</i>		23B. ADDRESS <i>M. D. Church Home and Hospital</i>		23C. DATE SIGNED <i>12-15-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/18/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	24D. LOCATION (City, town, or county) (State) <i>Colgate Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1952</i>	REGISTRAR'S SIGNATURE <i>H. ...</i>	25. FUNERAL DIRECTOR <i>Willard Funeral Home</i>		ADDRESS <i>2112 ...</i>	

VS 150

5239800

1001-81

STATE OF NEW YORK

1001-81

WANT
TO
SEE
YOU

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 11409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11409
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Stanislaus Slawkowski		12/15/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 24-01			
c. Length of stay in Baltimore 17 Yrs. Days		D. STREET ADDRESS (If rural, give location) 1355 Hull St. #30			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ?	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevadore		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Warsaw, Poland	
13. FATHER'S NAME Thomas Slawkowski		14. MOTHER'S MAIDEN NAME Victoria		12. CITIZEN OF WHAT COUNTRY? U.S. 12 papers?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Stella Meininger 1355 Hull St.	
18. 199.9 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinomatosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 6 months			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/9, 1952, to 12/15, 1952, that I last saw the deceased alive on 12/15, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE George H. Smith		23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED 12/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 12/18/52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR Charles F. Dell		ADDRESS 15016 Fort Ave.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

OS 1100

OS 1100

[Faint, illegible text and markings on a death certificate form, including fields for name, date, and cause of death.]

52 11410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11410
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB

VIENER

2. DATE
OF
DEATH

12-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2911 Rockrose Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-12

Length of stay in Baltimore

45 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2911 Rockrose Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

male

white

widowed

64

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Salesman

self

Russia

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Arnold Viener - 3817 Stokes Dr.

18. 470.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Quite Myocardial Infarct

Unkwn

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Dec 8, 1952, to Dec 15, 1952, that I last saw the
deceased alive on Dec 14, 1952 and that death occurred at 61 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Weir 11 Keluon M. D.

3200 Park Hughes Ave

Dec 15 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

removal

12-17-52

Omaha

Nebraska

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1952

Huntington Williams

Jack Lewis Ave 2100 Seward Pl

VS 150

49068

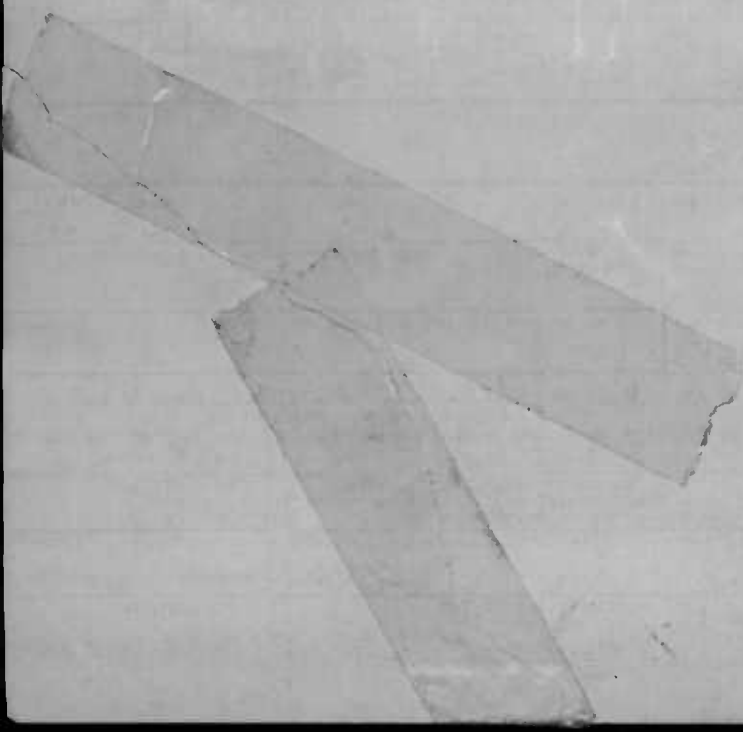
MEDICAL CERTIFICATION

Kolman
3700 Lane Hgts
Lc 98557

correct age is important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

640 52 11411		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 11411 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		CLARENCE FARRELL		2. DATE OF DEATH December 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN Baltimore		(If outside corporate limits, write RURAL and give township)	
D. Length of stay in Baltimore Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 1008 Lamont Avenue		7-04	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 3, 1911	9. AGE (In years last birthday) 41	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen		11. BIRTHPLACE (State or foreign country) D.C.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Clarence Farrell Sr.		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Gasper Cook 1008 Lamont Ave	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive Arteriosclerotic Cardiovascular Disease X20046 Disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Upchurch		23B. CHIEF MEDICAL EXAMINER..... M.D. 23C. DATE SIGNED 12/15/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 19/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	
24D. LOCATION (City, town, or county) (State) A.A. County Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Thos. J. A. Elliott & Daughter		24H. ADDRESS 1127 N. Carroll St.			



400
52 11412BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11412
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN CARROLL DAILY

2. DATE
OF DEATH 12-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1508 Winford Rd.Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Wgite

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore 27-09D. STREET ADDRESS (If rural, give location)
1508 Winford Rd.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clerk10B. KIND OF BUSINESS OR INDUSTRY
Court House11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
John T. Daily14. MOTHER'S MAIDEN NAME
Ella Anderson15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. J.C. Daily

ADDRESS

18. 350X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Parkinson's Disease

DUE TO

20 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Inanition

DUE TO

2 weeks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-7, 1952, to 12-15, 1952, that I last saw the deceased alive on 12-14, 1952, and that death occurred at 4:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE
J. B. L. Gunn23B. ADDRESS
11 E. Chas St23C. DATE SIGNED
12-16-5224A. BURIAL, CREMATION, REMOVAL (Specify)
burial24B. DATE
12-17-5224C. NAME OF CEMETERY OR CREMATORY
Cathedral Cem24D. LOCATION (City, town, or county) (State)
CityDATE RECEIVED BY LOCAL REGISTRAR
DEC 17 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR'S ADDRESS
WIEDEFFED AND SON
GREENMOUNT AVE. & 2ND ST.

STATE OF

DEPARTMENT OF

STATE OF

STATE OF

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640 E. Zeller

52 11413

2739 Eastern Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11413
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CORA S. WHERLEY	
2. DATE OF DEATH DEC. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2721 Strathmore Avenue	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 2721 Strathmore Avenue	
c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 5, 1867
9. AGE (in years last birthday) 85	10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME Noah Heiss	14. MOTHER'S MAIDEN NAME Mary Brandt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS 2721 Mrs. Harold I. Walker, Strathmore	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-vascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO	
INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April 1952 to Dec 1952 that I last saw the deceased alive on Dec 16, 1952 and that death occurred at 4 P. m., from the causes and on the date stated above.	
23A. SIGNATURE Eugene Zeller	23B. ADDRESS M. D. 2739 Eastern Ave
23C. DATE SIGNED 12/17/52	24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 12/19/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

DATE OF DEATH

AGE

SEX

RACE

PLACE OF BIRTH

EDUCATION

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

PRE-EXISTING DISEASES

PERSONAL HISTORY

TESTIMONY OF PHYSICIAN

TESTIMONY OF WITNESSES

TESTIMONY OF CORONER

TESTIMONY OF JURY

TESTIMONY OF OTHERS

262
52 11414DeCoursey
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11414

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edgar DeCoursey

2. DATE
OF
DEATH

Dec. 17/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. Length of stay in Baltimore

71 24

Year
Mons.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 18, 1881

9. AGE (in years
last birthday)

71

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work and during most of working life, even if retired)

Caretaker

10B. KIND OF BUSINESS OR
INDUSTRY

State Dept. Industry

11. BIRTHPLACE (State or foreign country)

Maryland Balto

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Joseph E. De Coursey

Interval between
onset and death

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

Hypertensive cardiovascular
disease & myocardial
failure and uremia

(B)

DUE TO

Sclerosis arteriosclerosis

(C)

2 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13, 1952, to Dec. 17, 1952, that I last saw the
deceased alive on Dec. 17, 1952, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

M. D.

23B. ADDRESS

South Baltimore Seal House

23C. DATE SIGNED

12/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1952 Huntington Williams, M.D.

John J. Conway & Son 3 Hollins

VS 150

97092 406

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1911 50

1911 50

WALLACE
CONCRETE
BRIND
CO.

530
52 11415BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11415

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eleanor G. Smith

2. DATE
OF
DEATH

Dec. 15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1006 Beaumont Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md 27-10
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1006 Beaumont Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 3-1866

9. AGE (in years last birthday)

86

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James B. Gordon

14. MOTHER'S MAIDEN NAME

Elizabeth Lalor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Julia Humphreys

ADDRESS

121 Hallatin St
N.W. Wash. D.C.

18. 334X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

Cerebral arteriosclerosis

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
(C) ...

Generalized arteriosclerosis

6+ yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Dec, 1952, that I last saw the deceased alive on Dec 15, 1952, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Frederick J. Volmer

M. D.

23B. ADDRESS

6100 York Rd

23C. DATE SIGNED

12/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 18-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. Ellis Lamoreau

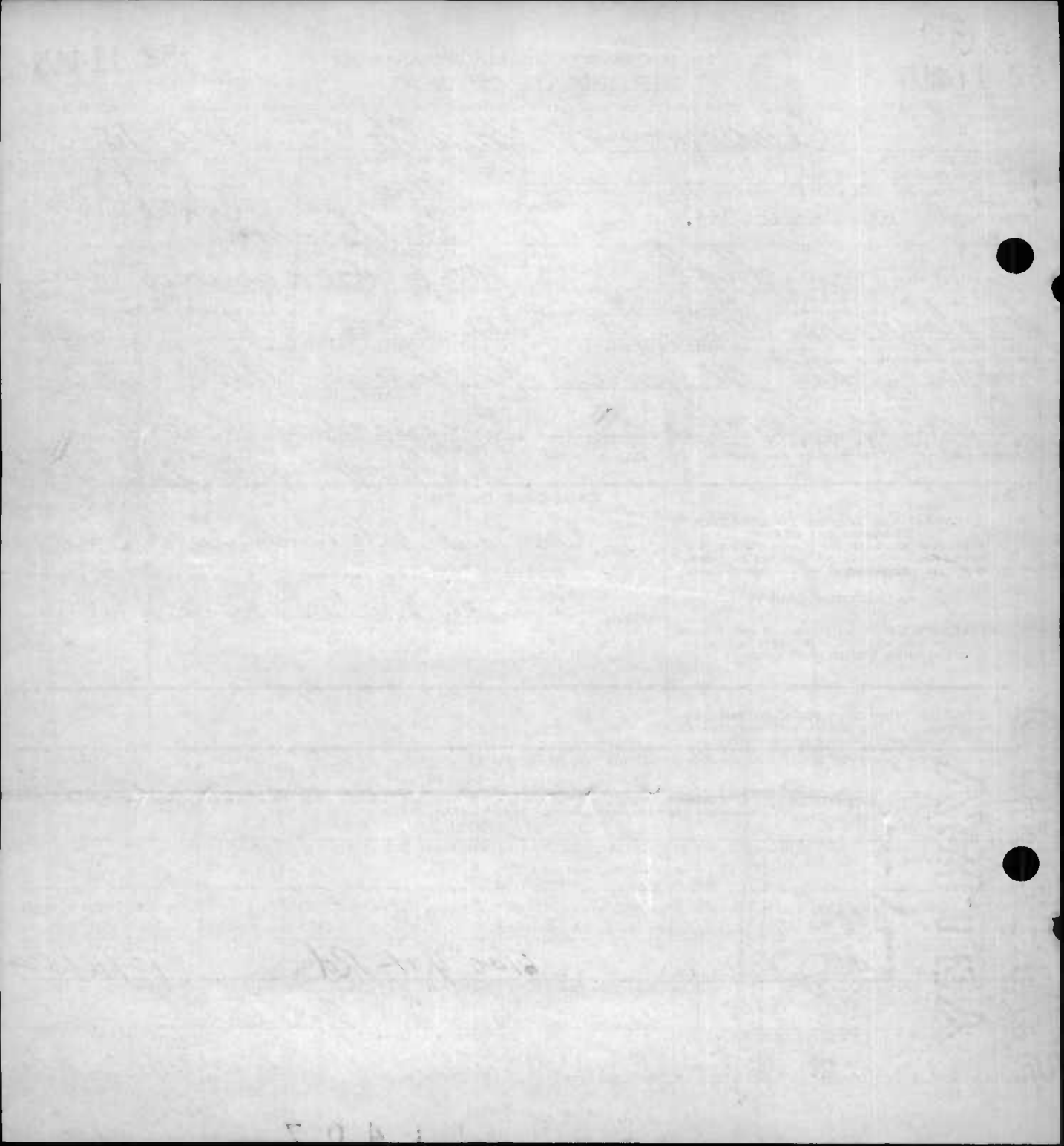
ADDRESS

4510 Liberty Rpts

DEC 17 1952

VS 150

19520011402



653
52 11416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11416

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Monica Harant		2. DATE OF DEATH Dec. 14/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Id. B. COUNTY 8-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1921 N. Patterson Park Ave.		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 60 yrs.		D. STREET ADDRESS (If rural, give location) 1921 N. Patterson Park Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 4, 1868
9. AGE (In years last birthday) 84		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Anthony Bezvoda		14. MOTHER'S MAIDEN NAME Clara---	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Hedwige Williams, 1921 N. Patterson Park Ave.		ADDRESS	
18. 4227 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis DUE TO INTERVAL BETWEEN ONSET AND DEATH years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 1 , 19 49 to Dec 14 , 19 52 , that I last saw the deceased alive on Dec 14 , 19 52 , and that death occurred at 10³⁰ P. m., from the causes and on the date stated above.			
23A. SIGNATURE Smendelis		23B. ADDRESS 651 N Bentallou	
23C. DATE SIGNED 12/16/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 18 /52	
24C. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, Harry H. Witzke	
25. FUNERAL DIRECTOR 4101 Edmondson Ave		ADDRESS	

9520011400

6431
52 11417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 11417

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr, James B. Hildebrand

2. DATE
OF
DEATH

12/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2025 W. Fayette Street

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16, 16-07

O. STREET ADDRESS (If rural, give location)

2604 Riggs Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/5/19

9. AGE (In years last birthday)

33

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Good Humor Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William A. Hildebrand

14. MOTHER'S MAIDEN NAME

Rachel Lilly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary E. Hildebrand, 2604 Riggs Ave.

18. 592x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

16 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Nephritis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-25, 1952, to 12-16, 1952, that I last saw the deceased alive on 12-16, 1952, and that death occurred at 11:16 A.M., from the causes and on the date stated above.

22A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec. 19/52

Loudon Park

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1952

Huntington Williams, M.D.

Harry F. Witzke

4101 Edmondson Ave.

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12/10/47

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11418**

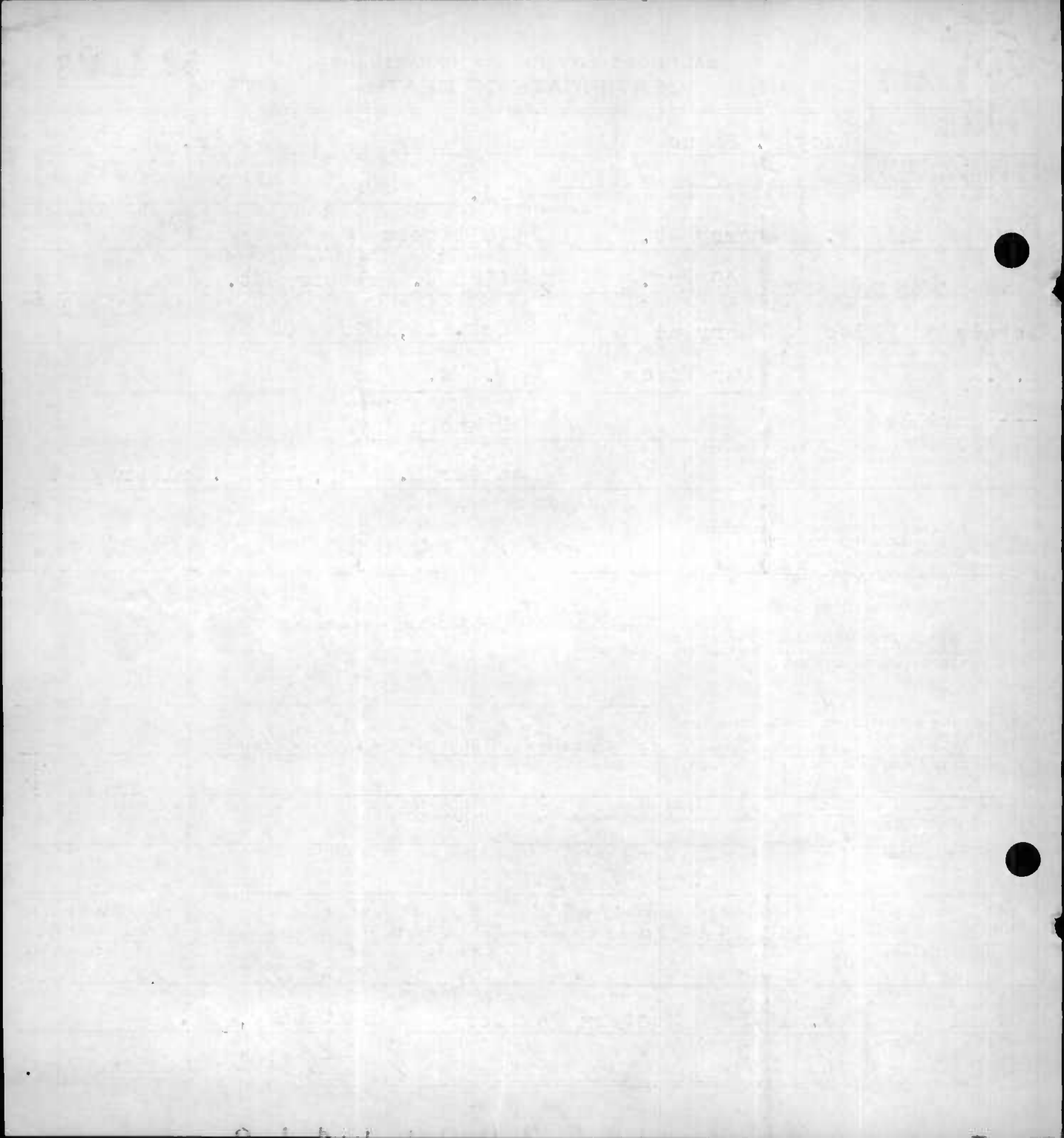
500
52 11418
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lucy E. Payne			2. DATE OF DEATH Dec. 15/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2133 W. Mulberry St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 40 yrs.			D. STREET ADDRESS (If rural, give location) 2133 W. Mulberry St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1869	9. AGE (In years last birthday) 83	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.			10B. KIND OF BUSINESS OR INDUSTRY Own Home		
13. FATHER'S NAME ---Saville			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Walter L. Payne, 2133 W. Mulberry St			ADDRESS		

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardiovascular Collapse DUE TO (B) arteriosclerosis DUE TO (C) Bilateral Inguinal Hernias		INTERVAL BETWEEN ONSET AND DEATH 100 days ?
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1921** to **Dec 15**, 19**52** that I last saw the deceased alive on **12/15**, 19**52** and that death occurred at **2:30 AM.**, from the causes and on the date stated above.

23A. SIGNATURE S. P. Palagia	23B. ADDRESS 3316 Edmondson Ave	23C. DATE SIGNED 12/16/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 18/52	24C. NAME OF CEMETERY OR CREMATORY Western Cemetery
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Harry F. Witzke
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952		ADDRESS 4101 Edmondson Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11419**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William J. Clark</i>		2. DATE OF DEATH <i>12/15/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto City</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>511 E. Clement St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. City 24-00</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>511 E. Clement St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 30</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Stationary</i>	9. AGE (in years last birthday) <i>abt. 74</i>
13. FATHER'S NAME <i>Jasper W. Clark</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary Getz</i>	
17. INFORMANT <i>Margaret J. Clark</i>		ADDRESS <i>511 E. Clement</i>	

18. <i>42011</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> (A) DUE TO ANTECEDENT CAUSES (B) <i>Atherosclerosis</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension - Myocarditis</i> (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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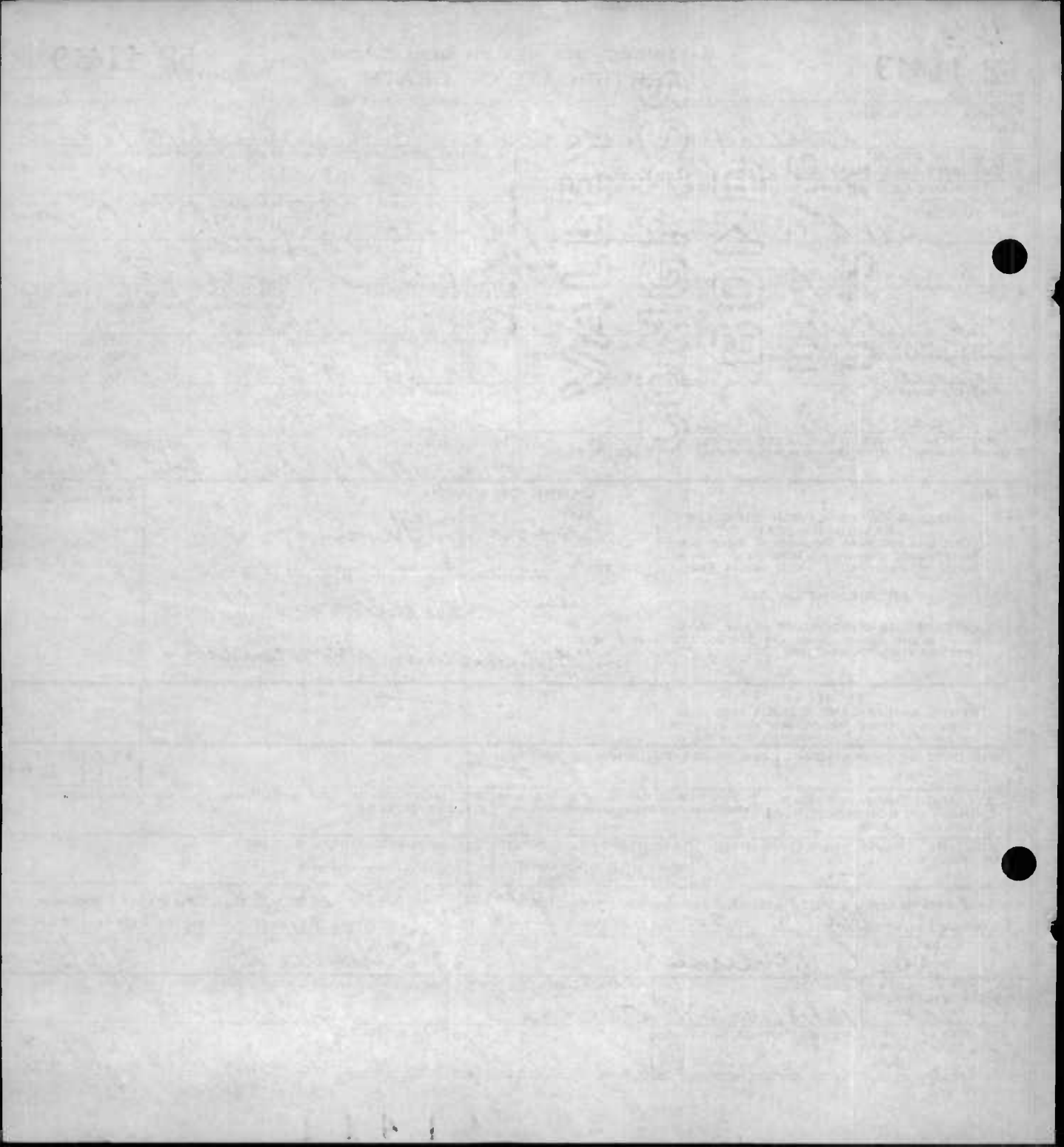
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *July 10, 1952* to *Dec 15, 1952*, that I last saw the deceased alive on *Dec 13, 1952* and that death occurred at *12:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John A. Schenck</i>		23B. ADDRESS <i>1337 S. Charles St.</i>		23C. DATE SIGNED <i>12/16/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/18/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Jr. & Fleming</i>		ADDRESS <i>1426 Light St.</i>	

95 56399 1411

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11430**

160
52 11430
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Charles Shafer			2. DATE OF DEATH Dec. 13, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore life			d. STREET ADDRESS (If rural, give location) 518 N. Clinton St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1886		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman-			10b. KIND OF BUSINESS OR INDUSTRY City Employee		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME John Shafer			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Margaret Shafer - above			ADDRESS		

18. 472.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CVD with Generalized Arteriosclerosis DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec. 3, 1952**, 19__, to **Dec. 13, 1952**, that I last saw the deceased alive on **Dec. 13, 1952**, and that death occurred at **8:55 PM** from the causes and on the date stated above.

23a. SIGNATURE Charles Shafer		23b. ADDRESS 1400 N. Caroline St.		23c. DATE SIGNED 12/13/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 17, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Baltimore, Md.	
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DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	
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52393

Correct age is extremely important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR

TO THE SECRETARY OF THE INTERIOR

FROM THE CHIEF OF BUREAU OF LAND MANAGEMENT

SUBJECT: [Illegible]

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a formal report or letter, possibly regarding land management or surveying. Key words that are faintly visible include "Bureau of Land Management", "Department of the Interior", and "Secretary".]

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 11431**

3-600
52 11431
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA CATHERINE BAUER			2. DATE OF DEATH Dec. 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore 25 yrs.			E. STREET ADDRESS (If rural, give location) 647 S. Lehigh Street - 24		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep. 16 1909		9. AGE (in years last birthday) 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator			10B. KIND OF BUSINESS OR INDUSTRY Crown Cork & Seal		11. BIRTHPLACE (State or foreign country) Poland
13. FATHER'S NAME Alexander Cyreal			14. MOTHER'S MAIDEN NAME Constance Lukaszewski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS 647 Frederick C. Bauer Husband S. Lehigh		
16. SOCIAL SECURITY NO. 215-10-7498					

18. 490 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Right middle & right lower lobe pneumonia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Glomerula Nephritis.		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 8th , 19 52 to Dec. 15 , 19 52 that I last saw the deceased alive on Dec. 15 , 19 52 , and that death occurred at 8:30 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE E. P. Loffay Jr.		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED Dec. 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 19/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Balta. City		24E. REGISTRAR'S SIGNATURE Thurston Williams, M.D.		24F. FUNERAL DIRECTOR John M. Dekey	
24G. DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952		24H. ADDRESS 401 S. Chester			

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 11432

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS R. MARTIN

2. DATE
OF
DEATH

Dec. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

10 E. Pratt St.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 7, 1887

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas S. Martin

14. MOTHER'S MAIDEN NAME

Sallie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Beulah Miller, 1815 Frederick Avenue

18. 007X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Disseminated pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Dec. 16, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/18/52

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

VS 151

6446A

ST-11

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11433
Registered No. _____

460
52 11433
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Marion C. Miller</i>			2. DATE OF DEATH <i>12/16/52</i> <i>12</i> <i>noon</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Victor St.</i> <i>3703</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>25-04</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>3703 St. Victor St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6/9/1876</i>		9. AGE (In years last birthday) <i>76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Cabinet Maker</i>		11. BIRTHPLACE (State or foreign country) <i>Hansoville Md.</i>
13. FATHER'S NAME <i>Thomas L. Miller</i>			14. MOTHER'S MAIDEN NAME <i>Laura Parsons</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <i>Marian Triplett St. Victor St.</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Cardiovascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>
(A) _____ DUE TO _____		
(B) _____ DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Aug 2*, 19*49* to *Dec 16*, 19*52* that I last saw the deceased alive on *Dec 2*, 19*52*, and that death occurred at *12 noon*, from the causes and on the date stated above.

23A. SIGNATURE <i>Samuel L. Silver</i>		23B. ADDRESS <i>2304 Webster Ave</i>		23C. DATE SIGNED <i>12/17/52</i>	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/19/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Park</i>		24D. LOCATION (City, town, or county) (State) <i>Parkville Md.</i>	
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DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>	
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STATE OF NEW YORK
CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>Robertson, George A.</i>		2. SEX <i>Male</i>	
3. AGE <i>65</i>		4. DATE OF DEATH <i>Dec 10 1910</i>	
5. PLACE OF DEATH <i>New York City</i>		6. CAUSE OF DEATH <i>Heart Disease</i>	
7. OCCUPATION <i>Teacher</i>		8. SIGNATURE OF DECEASED <i>George A. Robertson</i>	
9. SIGNATURE OF WITNESSES <i>John Doe</i>		10. SIGNATURE OF PHYSICIAN <i>Dr. J. Smith</i>	
11. SIGNATURE OF CLERK <i>John Doe</i>		12. SIGNATURE OF REGISTRAR <i>John Doe</i>	

V-400
52 11424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11424

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sister Monica Nally (Mary Nally)</i>		2. DATE OF DEATH <i>December 16-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland- <i>Baltimore, Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>St. Joseph's Central Home</i> B. COUNTY <i>Frederick</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Villa St. Michael</i>		C. CITY OR TOWN <i>Emmitsburg, Md.</i>	
C. Length of stay in Baltimore <i>4 months</i>		D. STREET ADDRESS (If rural, give location) <i>6000</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>May 2, 1872</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Sister of Charity</i>	9. AGE (In years last birthday) <i>80 yrs.</i>
13. FATHER'S NAME <i>Edward Nally</i>		11. BIRTHPLACE (State or foreign country) <i>Boston - Mass.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Margaret Mc Donough</i>	
17. INFORMANT <i>Sister Mary Loretta - Villa St. Michael</i>		ADDRESS	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rt Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Atherosclerosis?</i>		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>12/10</i> , 19 <i>52</i> to <i>12/16</i> , 19 <i>52</i> that I last saw the deceased alive on <i>12/16</i> , 19 <i>52</i> and that death occurred at <i>10 A.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>H. P. Alagia</i>		23B. ADDRESS <i>3316 Frederick Rd.</i>		23C. DATE SIGNED <i>12/16/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec-18-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Joseph's Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Emmitsburg, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Stewart & Morrow Co. 108 W. North Ave. City #1.</i>		

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11435

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET MALOY

2. DATE
OF
DEATH Dec. 15, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1924 Greenmount Avenue

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 5-1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ignatius Zorn

14. MOTHER'S MAIDEN NAME

Catherine Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lawrence Maloy

18. 443 x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. E. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☐ Dec. 16, 1952
M.D. MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-18-52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 17 1952

REGISTRAR'S SIGNATURE

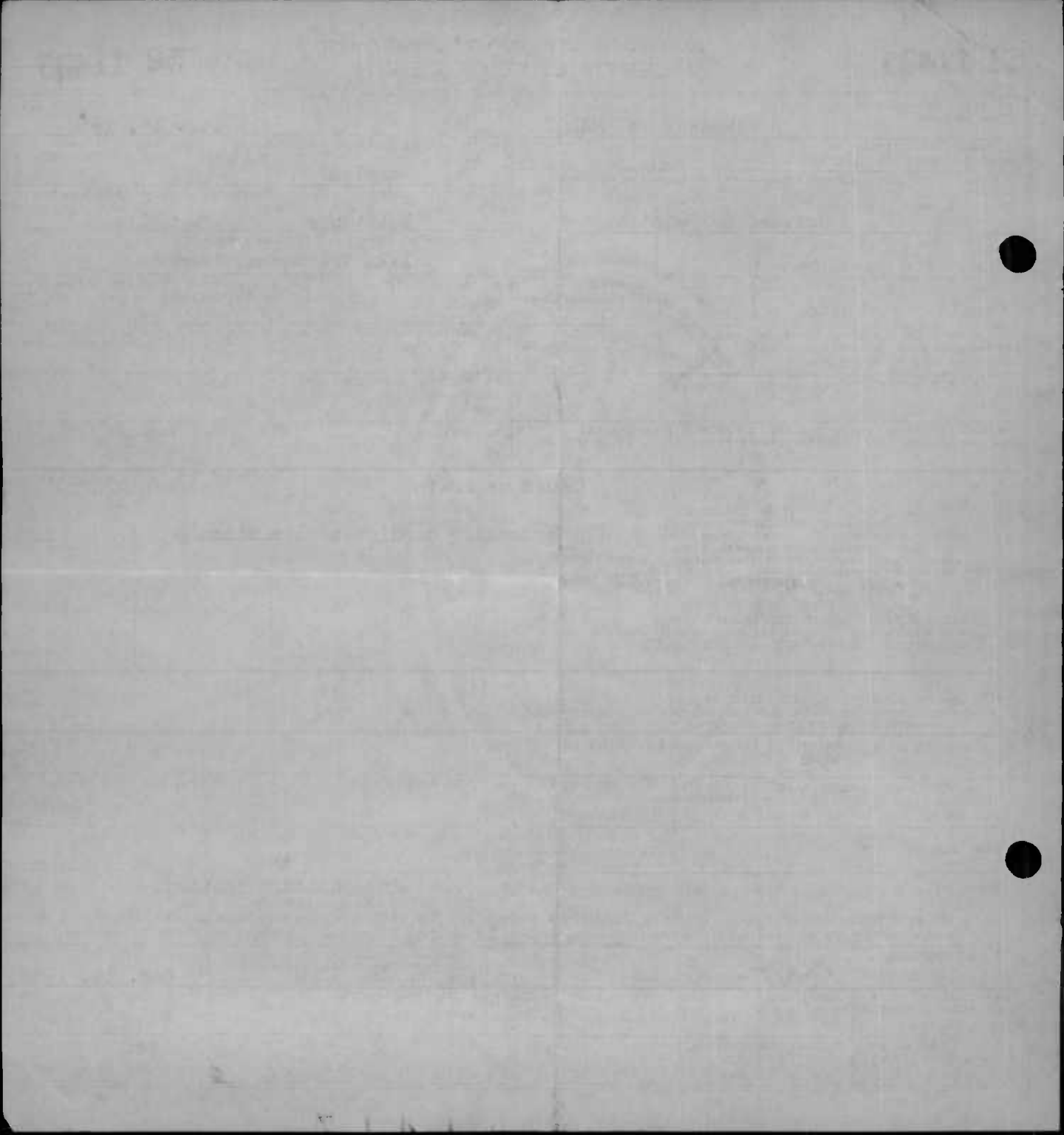
Huntington Williams, M.D. & J. J. Connolly - 418 Eastern Ave.

25. FUNERAL DIRECTOR

ADDRESS

Balto., 21. Md.

VS 151



530
253
52 11436
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11436

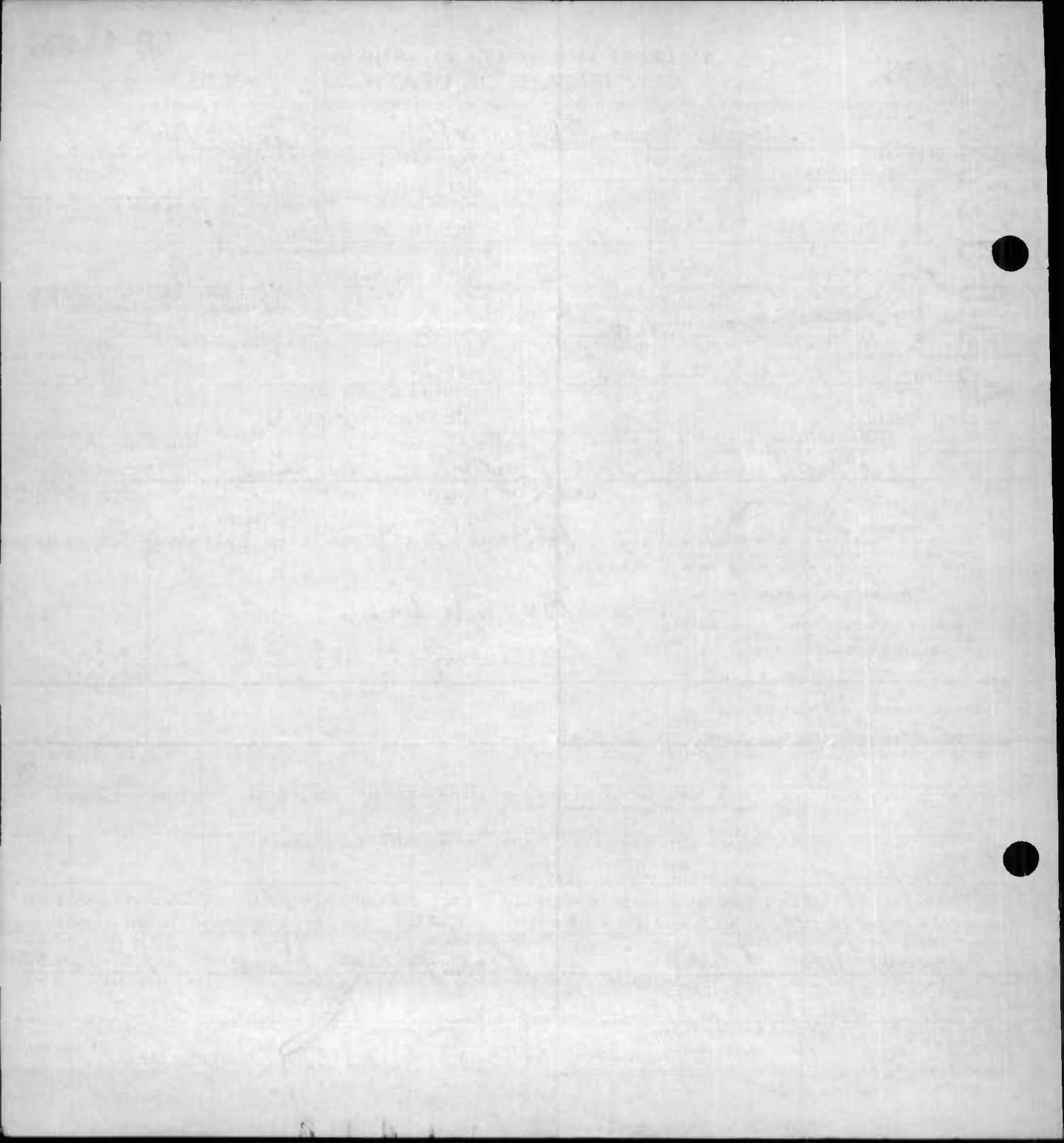
Registered No.

1. NAME OF DECEASED (Type or Print)		Mr. John B. Quinto (IAQUINTO)		2. DATE OF DEATH		12/16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-08			
C. Length of stay in Baltimore 45 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 3811 Woodridge Rd. - 29			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/30/96	9. AGE (In years last birthday) 56	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Coat Shop		11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Carmon Quinto				14. MOTHER'S MAIDEN NAME Josephine Pastore			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes 1st World War		16. SOCIAL SECURITY NO. 217-09-1943		17. INFORMANT ADDRESS Salvatore Quinto 3811 Woodridge Rd			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A. Peritonitis (Mesenteric Thrombosis) 26 hrs. DUE TO B. Multiple Emboli DUE TO C. Fibrillating Heart INTERVAL BETWEEN ONSET AND DEATH 8 days in Hospital							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/9, 1952, to 12/16, 1952, that I last saw the deceased alive on 12-16, 1952, and that death occurred at 11:20 A.M., from the causes and on the date stated above.							
23A. SIGNATURE Herbert W. Lapp				23B. ADDRESS M. D. Ben Avenue House		23C. DATE SIGNED 12-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 19-1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John G. Geisel		ADDRESS 5311 Edmondson Ave	

VS 150

correct age is especially important

59046
1418



160
52 11437

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11437

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Shaffer

2. DATE
OF
DEATH

Dec 16-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Malehor Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

md Baito

D. STREET ADDRESS (If rural, give location)

7619 Belair Rd

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 11-1856

9. AGE (in years last birthday)

96

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baito Co

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Foulke

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Samuel Kanzer 7537 Belair Rd

18. 794X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

NO SPECIFIC PATHOLOGY

(A) GENERAL DEBILITY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE: (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

trigeminal neuralgia

sev yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 22, 1952, to Dec. 16, 1952 that I last saw the deceased alive on Dec 14, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2431 MARYLAND AVENUE

12-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1952

Huntington Williams, M.D. Kasahara Funeral Home 7401 Belair Rd

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

2431 Maryland Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11438

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE WOODS

2. DATE
OF
DEATH December 17, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write B.U.R.N. and give township) Baltimore

D. STREET ADDRESS (If rural, give location)

631 Washington Boulevard

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept 1913

9. AGE (In years last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wheeling W. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Woods

14. MOTHER'S MAIDEN NAME

Hazel Herrmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nichols 628 Washington Blvd (Balto)

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive arteriosclerotic
~~xxxxx~~ cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Rupture of aorta
~~xxxxx~~ Hemopericardium
(C) Cardiac tamponadeII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Upchurch

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Dec. 17, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removed

24B. DATE

12/17/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Wheeling W. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.P. Wm. J. Tickner & Sons - Balto Md

25. FUNERAL DIRECTOR

ADDRESS

VS 151

420

2011 01

01/01/2011

01/01/2011



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11439

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CORA S. KELLER

2. DATE
OF
DEATH

Dec. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1530 Ralworth Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

Rife

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1530 Ralworth Road

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 31, 1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

August Deem

14. MOTHER'S MAIDEN NAME

Caroline ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 1530 Ralworth Rd. 15
Mr. William E. Keller

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary Embolism

5 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...

Arterio-sclerosis

5 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from June 1st, 1951, to Dec 15, 1952, that I last saw the
deceased alive on Dec 13, 1952, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/18/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

DEC 17 1952

Huntington Williams, M.D. BALTO., 13, MD.

Sey P. Parker

600
52 11430BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52-11430
52 11480
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward William Parry</i>		2. DATE OF DEATH <i>12/16/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto.</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dundalk</i>	
6. Length of stay in Baltimore <i>11 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>7305 Shipway</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1/28/81</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bricklayer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Const.</i>	9. AGE (in years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country) <i>Wales - England</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Parry</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Jones</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>195-89-7512</i>	
17. INFORMANT <i>Mrs. Elizabeth Parry</i>		ADDRESS <i>7305 Shipway Dundalk, Md.</i>	

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Stomach with generalized metastases</i>	CAUSE OF DEATH (A) <i>Carcinoma of Stomach with generalized metastases</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>11/21/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Generalized abdominal carcinomatosis</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/3*, 19*52* to *12/16*, 19*52* that I last saw the deceased alive on *12/15*, 19*52* and that death occurred at *4:40* p. m., from the causes and on the date stated above.23A. SIGNATURE *Arthur F. Woodward* M. D. 23B. ADDRESS *Church Home & Hospital* 23C. DATE SIGNED *12/16/52*24A. BURIAL, CREMATION, REMOVAL (Specify) *BURIAL* 24B. DATE *12-19-52* 24C. NAME OF CEMETERY OR CREMATORY *MAPLE HILL* 24D. LOCATION (City, town, or county) (State) *WILKES-BARRE, PENNA*DATE RECEIVED BY LOCAL REGISTRAR *DEC 18 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Phyllis B. Kelley, Dundalk, Md.* ADDRESS

05-12-50

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100-100000

TO : SAC, NEW YORK
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a teletype or memorandum.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11431

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES CALDWELL		2. DATE OF DEATH Dec. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jessup	
D. STREET ADDRESS (If rural, give location) 1 Spot Street		5. AGE (In years last birthday) 42 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
6. LENGTH OF STAY IN BALTIMORE	7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. **E812.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Shock**DUE TO **Multiple fractures of extremities and trunk**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
road

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Route 1, south of Rt. 175-Howard County

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Dec. 14, 1952 5:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by auto

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Dec. 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952**Huntington Williams, M.D.****Cal Brulverton Funeral Home Inc.****403-8-25 St, Baltimore Md.**

VS 151

N 809.0**403-8-25 St, Baltimore Md.**

1911 17

STATE OF NEW YORK
IN SENATE

1911

STATE OF NEW YORK

526
52 11432

GINGER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11432

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GARY GINGER

2. DATE
OF
DEATH

12/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY

Md.

Annapolis

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Woodstock

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

13

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12/3/52

9. AGE (In years
last birthday)If Under 1 Year
Months; Days

13

If Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph G. GINGER

14. MOTHER'S MAIDEN NAME

Gene Whalen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph G. GINGER

18. 776x

I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1952, to 12/16, 1952, that I last saw the
deceased alive on 12/15, 1952, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

David Taxod

M. D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

12/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 18 1952

24C. NAME OF CEMETERY OR CREMATORY

Deer Park Cemetery

24D. LOCATION (City, town, or county)

Reisterstown

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Berryman & Sons Reisterstown Md

VS 150

MEDICAL CERTIFICATION

correct age is essential important. Physicians please print.

000000

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

000000

DATE OF DEATH
PLACE OF DEATH

AGE AT DEATH
SEX

RACE
EDUCATION

RELIGION
MARRIAGE

PREVIOUS ILLNESS
CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH
UNDERLYING CAUSE OF DEATH

PERMANENT CAUSE OF DEATH
MANNER OF DEATH

DATE OF DEATH
PLACE OF DEATH

AGE AT DEATH
SEX

RACE
EDUCATION

RELIGION
MARRIAGE

PREVIOUS ILLNESS
CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH
UNDERLYING CAUSE OF DEATH

PERMANENT CAUSE OF DEATH
MANNER OF DEATH

DATE OF DEATH
PLACE OF DEATH

AGE AT DEATH
SEX

RACE
EDUCATION

RELIGION
MARRIAGE

PREVIOUS ILLNESS
CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH
UNDERLYING CAUSE OF DEATH

PERMANENT CAUSE OF DEATH
MANNER OF DEATH

DATE OF DEATH
PLACE OF DEATH

E. W. - 165592

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11433

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Johnson - A.

2. DATE

OF

DEATH

12-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospital

4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1345 Wood Year Street #17

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female

Negro

single

12-5-52

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Maryland

13. FATHER'S NAME

Dennis Island

14. MOTHER'S MAIDEN NAME

Mildred Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Records: Baltimore City Hospital
4940 Eastern Avenue

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Prematurity

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 12-5, 1952 to 12-6, 1952 that I last saw the
deceased alive on 12-6, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

12-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

12-11-52

B.C.H. Crematory

4940 Eastern Ave. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952

Huntington Williams, M.D.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of health officer		18. Signature of local health officer		19. Signature of state health officer		20. Signature of federal health officer	
21. Signature of state registrar		22. Signature of state health officer		23. Signature of state health officer		24. Signature of state health officer	
25. Signature of state health officer		26. Signature of state health officer		27. Signature of state health officer		28. Signature of state health officer	
29. Signature of state health officer		30. Signature of state health officer		31. Signature of state health officer		32. Signature of state health officer	
33. Signature of state health officer		34. Signature of state health officer		35. Signature of state health officer		36. Signature of state health officer	
37. Signature of state health officer		38. Signature of state health officer		39. Signature of state health officer		40. Signature of state health officer	
41. Signature of state health officer		42. Signature of state health officer		43. Signature of state health officer		44. Signature of state health officer	
45. Signature of state health officer		46. Signature of state health officer		47. Signature of state health officer		48. Signature of state health officer	
49. Signature of state health officer		50. Signature of state health officer		51. Signature of state health officer		52. Signature of state health officer	
53. Signature of state health officer		54. Signature of state health officer		55. Signature of state health officer		56. Signature of state health officer	
57. Signature of state health officer		58. Signature of state health officer		59. Signature of state health officer		60. Signature of state health officer	
61. Signature of state health officer		62. Signature of state health officer		63. Signature of state health officer		64. Signature of state health officer	
65. Signature of state health officer		66. Signature of state health officer		67. Signature of state health officer		68. Signature of state health officer	
69. Signature of state health officer		70. Signature of state health officer		71. Signature of state health officer		72. Signature of state health officer	
73. Signature of state health officer		74. Signature of state health officer		75. Signature of state health officer		76. Signature of state health officer	
77. Signature of state health officer		78. Signature of state health officer		79. Signature of state health officer		80. Signature of state health officer	
81. Signature of state health officer		82. Signature of state health officer		83. Signature of state health officer		84. Signature of state health officer	
85. Signature of state health officer		86. Signature of state health officer		87. Signature of state health officer		88. Signature of state health officer	
89. Signature of state health officer		90. Signature of state health officer		91. Signature of state health officer		92. Signature of state health officer	
93. Signature of state health officer		94. Signature of state health officer		95. Signature of state health officer		96. Signature of state health officer	
97. Signature of state health officer		98. Signature of state health officer		99. Signature of state health officer		100. Signature of state health officer	

B.W.- 165593

BALTIMORE CITY HEALTH DEPARTMENT

52 11434

Registered No.

BIRTH NO.

CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

Baby Girl Johnson -B.

2. DATE
OF
DEATH

12-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospital
4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write R.R. # and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1345 Wood Year Street #17

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-5-52

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Dennis Island

14. MOTHER'S MAIDEN NAME

Mildred Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
records.. Baltimore City Hospital
4940 Eastern Avenue

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

Prematurity

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 1952 to 12-6, 1952 that I last saw the deceased alive on 12-6, 1952, and that death occurred at 4:30 PM from the causes and on the date stated above.

23A. SIGNATURE

H. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

12-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

12-11-52

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Ave. Balto Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952

Huntington Williams, M.D.

— 22 —

AB-165437

68311435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11435

Registered No.

BIRTH NO. 52-30373

1. NAME OF DECEASED
(Type or Print)

Baby Girl Bryant

2. DATE
OF
DEATH

Nov. 30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5813 Kildoe Ct. zone 24

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Nov. 30-1952

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

5 5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Bryant

14. MOTHER'S MAIDEN NAME

Mollie Price

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT'S ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30-1952, to 11-30-1952 that I last saw the
deceased alive on 11-30-1952, and that death occurred at 5:45AM from the causes and on the date stated above.

23A. SIGNATURE

H. Johnston

23B. ADDRESS

M. D.

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

12-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

12-3-52

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Ave. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952

Huntington Williams, M.D.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DETAILED STATEMENT OF CAUSE OF DEATH

DETAILED STATEMENT OF CAUSE OF DEATH

DETAILED STATEMENT OF CAUSE OF DEATH

DETAILED STATEMENT OF CAUSE OF DEATH

DETAILED STATEMENT OF CAUSE OF DEATH

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DETAILED STATEMENT OF CAUSE OF DEATH

DETAILED STATEMENT OF CAUSE OF DEATH

DETAILED STATEMENT OF CAUSE OF DEATH

DETAILED STATEMENT OF CAUSE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Hospital disposal
52 11436

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Baby Isirl Arnold

2. DATE
OF
DEATH

Dec 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *St. Luke's*

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE *md.*

B. COUNTY *severall*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Mt. Airy

D. STREET ADDRESS (If rural, give location)

Rural Rt. 5600

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 13, 1952

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Roger Arnold

14. MOTHER'S MAIDEN NAME

Nannie Warfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *776x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Prematurity*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *12/13*, 19*52*, to *12/13*, 19*52*, that I last saw the deceased alive on *12/13*, 19*52*, and that death occurred at *5:00 PM* m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Hurdock

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

15 Dec. 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Hosp Disposal

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

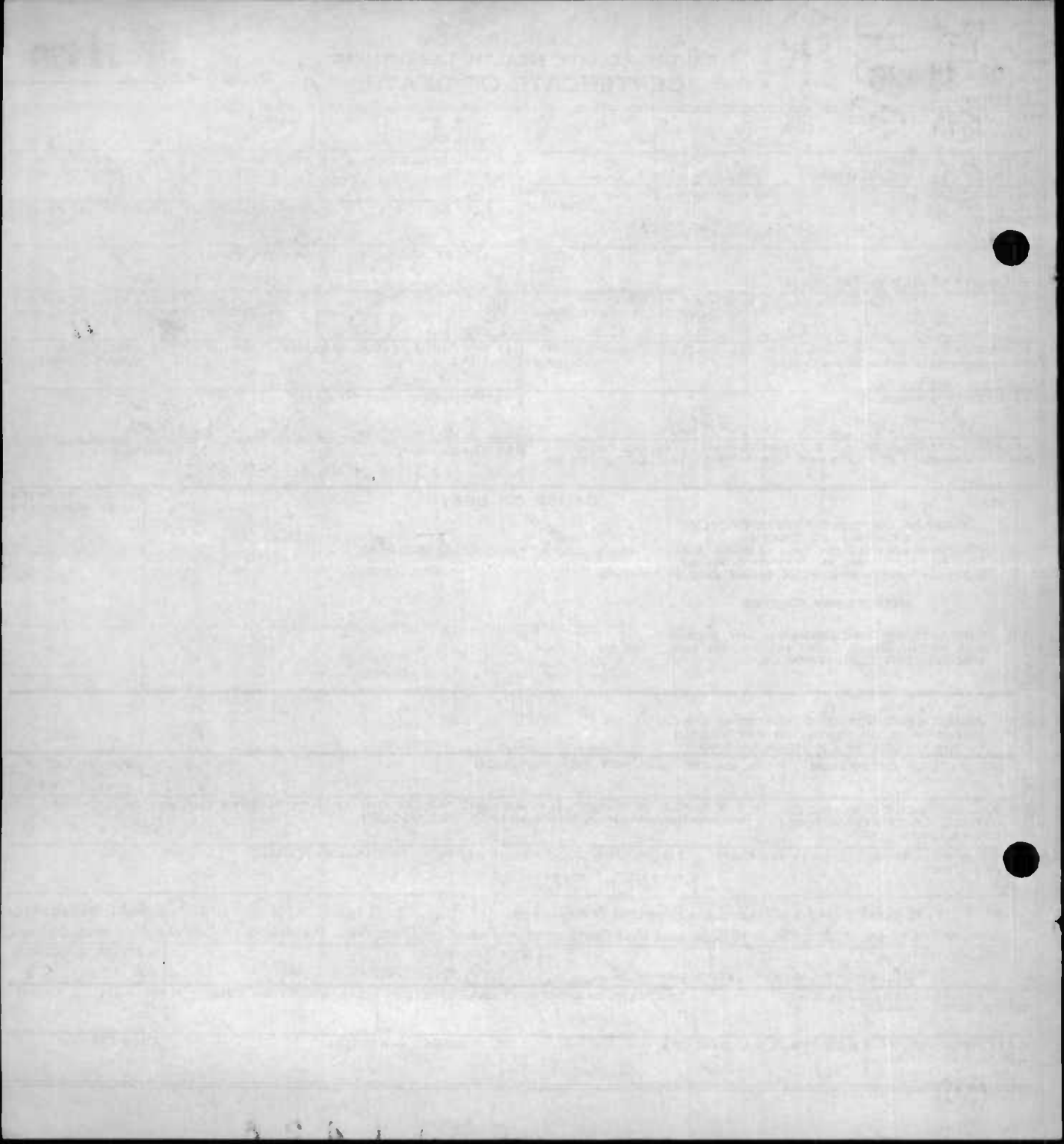
25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952

MEDICAL CERTIFICATION

correct age is extremely important - if uncertain, please state



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11437

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Baby Girl Grinnel

2. DATE
OF
DEATH

12/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
RURAL "Rock"

D. STREET ADDRESS (If rural, give location)

Rock 6200

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

12/17/52

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.
15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

0

10B. KIND OF BUSINESS OR INDUSTRY

0

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles E. Grinnel

14. MOTHER'S MAIDEN NAME

Dorothy Viola Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

0

17. INFORMANT

ADDRESS

Hospital admission history

18. *776x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

0

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

0

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

0

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

0

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/2* 19*52*, to *12/17* 19*52* that I last saw the deceased alive on *12/17* 19*52* and that death occurred at *10:55* a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Brown

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

12/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walliades, M.D.

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952

VS 150

19520011420

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1951 80

RECEIVED AT BOSTON 1951 10 10

STAGE 10 10 10 10 10

1951 10 10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11438

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HATTIE BEASLEY		2. DATE OF DEATH Dec. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore ? Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) 608 Baker Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 2/25/1910
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		9. AGE (In years last birthday) 42	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME Amos Randall		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		14. MOTHER'S MAIDEN NAME Emma Davis	
16. SOCIAL SECURITY NO. none		17. INFORMANT Elizabeth Gibson	
		ADDRESS N. Y. 371 Convent Ave	

18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of chest DUE TO ANTECEDENT CAUSES Massive hemothorax DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Gunshot wound of chest (B) Massive hemothorax (C)	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION Dec. 15, 1952	19B. MAJOR FINDINGS OF OPERATION home	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 608 Baker Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 15, 1952 6:00 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE **R. Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Dec. 16, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/15/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Geo. G. Nelson	

VS 151

N 862.4

7208A

Geo. G. Nelson 1303 Broad St. S.

W. B. Nelson

1942

1942



263
52 11439

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11439

BIRTH NO.			2. DATE OF DEATH		
1. NAME OF DECEASED (Type or Print) <i>Madge Richards</i>			<i>December 16/1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>25</i> Yrs. <i>12</i> Mos. <i>15</i> Days			D. STREET ADDRESS (If rural, give location) <i>6412 Windsor Mill Rd.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6-12-87</i>	9. AGE (In years last birthday) <i>65</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>NEW YORK</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>ANDREW McLaughlin</i>			14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>433.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary emboli?</i> DUE TO <i>Anticancer Librization</i>	CAUSE OF DEATH <i>Pulmonary emboli?</i> <i>Anticancer Librization</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-3*, 19*52*, to *12-16*, 19*52*, that I last saw the deceased alive on *12-16*, 19*52*, and that death occurred at *11:07* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>V. Salas de Aguilar</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
--	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>12/19/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN CEM</i>	24D. LOCATION (City, town, or county) (State) <i>BWYNN OAK AVE</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1952</i>	REGISTRAR'S SIGNATURE <i>H. J. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>CHAS P LOWEN</i>	ADDRESS <i>6411. Windsor Mill Rd</i>

MEDICAL CERTIFICATION
correct age is especially important. Physicians, please write the cause of death.

23 11 30

RECEIVED BY THE DIRECTOR
OFFICE OF THE SECRETARY
U. S. DEPARTMENT OF AGRICULTURE

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4800. acc Room. Med Ex Card

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11440
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen Hill

2. DATE
OF
DEATH

Dec 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

951 Madison Ave

c. Length of stay in Baltimore

3

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-19-1904

9. AGE (In years
last birthday)

48

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR
INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

Lauraville, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Coleman

14. MOTHER'S MAIDEN NAME

Mamie Gladston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 12/15/52 to 12/15/52, 1952, that I last saw the
deceased alive on 12/15/52, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Carl H. Johnson

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12-18-52

Wt. Calvary Cemetery

Anne Arundel Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952

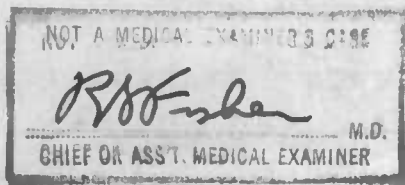
Thurston W. Williams, M.D.

Randolph J. Collick 1413 E. Preston St

Released to hospital 12/18/52

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



Carman, J. S.

Carl H. Fisher

200
52 11441BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11441

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Quick (Johnny)

2. DATE
OF
DEATH

Dec 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-10-1911

9. AGE (in years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machine Operator Eastern Branch Co.

10B. KIND OF BUSINESS OR
INDUSTRY

Eastern Branch Co.

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Quick

14. MOTHER'S MAIDEN NAME

Hattie Stabbe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

None

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

245-22-734

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

10 days

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) tuberculous meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) pulmonary tuberculosis, renal
tuberculosis, tuberculosis of the spine

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13, 1952, to 12/17, 1952, that I last saw the
deceased alive on 12/17, 1952, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Johns

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

17 Dec 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/19/52

24C. NAME OF GEMETERY OR CREMATORY

Benny Cemetery

24D. LOCATION (City, town, or county)

Havlet

(State)

S.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Robert H. Young 1216 W. Caroline St

[Faint, mostly illegible text and markings, possibly bleed-through from the reverse side of the page. Some words like "RECEIVED" and "100-100000" are visible.]

-400
52 11442
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11442

1. NAME OF DECEASED (Type or Print) RAY J. NEWELL		2. DATE OF DEATH 12-17-57	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE Hosp (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-04	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1618 McHENRY ST	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-4-1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HUCKSTER		10B. KIND OF BUSINESS OR INDUSTRY PRODUCE	9. AGE in years last birthday 60
11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOSEPH NEWELL		14. MOTHER'S MAIDEN NAME MARY CORDELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) W.W.I.		16. SOCIAL SECURITY NO. 19-07-1704	
17. INFORMANT		ADDRESS B. RUTH NEWELL 1618 McHENRY ST	

CAUSE OF DEATH

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema DUE TO (A) 1 yr	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. myocardial failure DUE TO (B) 5 yrs	
portal cirrhosis DUE TO (C) 7 yrs	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May, 1947** to **March, 1957** that I last saw the deceased alive on **March 1957**, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **H. Bayless** M. D. 23B. ADDRESS **1600 Wilkins Ave** 23C. DATE SIGNED **17 Dec 57**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **12-19-57** 24C. NAME OF CEMETERY OR CREMATORY **BALTONA NATIONAL CEM** 24D. LOCATION (City, town, or county) (State) **BALT. MD**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 18 1957** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **W. H. Pratt & B. M. Walters** ADDRESS

4306A PRATT & STRICKER STS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11443**

616
52 11443
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William F. CRAVER Sr			2. DATE OF DEATH 12/17/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp			C. CITY OR TOWN (If outside corporate limits, write R.U.I. and give township) BALTIMORE 20-06		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 5 S. BERNICE AVE		
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-8-1897	9. AGE (in years last birthday) 55	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) AUTO MECHANIC			10B. KIND OF BUSINESS OR INDUSTRY BALTO POLICE DEPT		
11. FATHER'S NAME ZACHARIA CRAVER			12. CITIZEN OF WHAT COUNTRY?		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			14. MOTHER'S MAIDEN NAME LENA M. SELL		
15. SOCIAL SECURITY NO. NONE			16. INFORMANT AGNES C. CRAVER		
			ADDRESS 5 S. BERNICE AVE		

18. 446x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MALIGNANT HYPERTENSION		
(B) DUE TO		
(C) MALIGNANT NEPHROSCLEROSIS		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12/20/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/29 , 19 52 , to 12/17 , 19 52 and that death occurred at 3:10 PM. , from the causes and on the date stated above.					
23A. SIGNATURE Jack Fine		23B. ADDRESS M. D.		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-20-52		24C. NAME OF CEMETERY OR CREMATORY Random Park Cm		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Walter C. Walters		ADDRESS	

VS 150

550 93 RA H V Stricker Sts

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1911 57

STANDARD TIME

TIME

DATE

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52 11444BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11444

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE C. WINTERLING			2. DATE OF DEATH December 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1400 N. Caroline St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #22		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 209 Maple Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 2-10-1885	9. AGE (In years last birthday) 67	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Tavern Keeper		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Constantine Winterling		
14. MOTHER'S MAIDEN NAME Christine Greller			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT ADDRESS Frank J. Winterling: 940 S. Conkling		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Terminal bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral vascular accident		
(C) Generalized arteriosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September 22, 1952 to December 17, 1952 that I last saw the deceased alive on Dec. 17, 1952 and that death occurred at 11:52a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles J. Zeiler		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Dec. 17, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-20-52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles J. Zeiler		ADDRESS 901 S. Conkling St.	

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52 11445BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11445
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE A. GOETZ

2. DATE
OF
DEATH 12-16-52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 903 S. Clinton St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

903 S. Clinton St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 20, 1899

9. AGE (In years
last birthday)

33

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Constantine Winterling

14. MOTHER'S MAIDEN NAME

Christine Greller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

213-05-8819

17. INFORMANT

ADDRESS

Frank F. Goetz 903 S. Clinton St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Nephroses L. Kidney
DUE TO(B) Polycystic Kidney (L)
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 mo

1 yr

MEDICAL CERTIFICATION

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1952, to Dec 16-52, 1952, that I last saw the deceased alive on Dec 15-52, 1952, and that death occurred at 1 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-19-52.

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery 4430 Belair Rd. Balto., Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

901 S. Conkling St.

US 11402

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL OFFICE OF HEALTH

US 11402

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52 11446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11446
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE R. ROSENFELD

2. DATE
OF
DEATH

Dec. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2210 Brookfield Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2210 Brookfield Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 16, 1881

9. AGE (In years
last birthday)

71

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Rosenstein

14. MOTHER'S MAIDEN NAME

Rachel Block

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Louis Rosenfeld-3100 Denison St.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of caecum

DUE TO

15 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease

10 years

19A. DATE OF OPERATION

August 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of caecum with peritoneal metastases

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952 to Dec. 16, 1952, that I last saw the deceased alive on Dec. 16, 1952, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Isidore H. Gundersheimer Jr.

M. D.

23B. ADDRESS

Piviera 24 Lake Drive

23C. DATE SIGNED

Dec. 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/18/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cong. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mr. J. Pickner & Sons

VS 150

195200114 Balto. 17, Md.

MEDICAL CERTIFICATION

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CERTIFICATE OF DEATH

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52 11447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11447

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Milton Cox

2. DATE
OF
DEATH

Dec. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore, 12

D. STREET ADDRESS (If rural, give location)

5815 Halwyn Ave., Baltimore, 12, Md

c. Length of stay in Baltimore

Years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 16, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months! Days

If Under 24 Hours
Hours! Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Composer

10B. KIND OF BUSINESS OR
INDUSTRY

Printing Firm

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Cox

14. MOTHER'S MAIDEN NAME

Gertrude Norris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

220-01-6979

17. INFORMANT

ADDRESS

Mrs. Anna Cox - 5815 Halwyn Ave.

18. 4 20.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arterio-sclerotic Heart Disease

Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cellulitis of Abdominal Wall - etiology unknown 1 week

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from December 16, 1952, to December 17, 1952, that I last saw the deceased alive on Dec. 17, 1952, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur Klein

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

Dec. 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/52

24C. NAME OF CEMETERY OR CREMATORY

Govans Presby. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thos. J. Pickner & Sons

ADDRESS

5120 44 1 4 3 2 Balto 17, Md.

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RECEIVED BY THE DEPARTMENT OF DEFENSE
OFFICE OF THE SECRETARY OF DEFENSE

Small



425
52 11448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11448

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **JAMES M. FLEISCHMAN** 2. DATE OF DEATH **Dec. 15, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or location)
2417 Westport St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2417 Westport St.

5. SEX **male** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **April 25, 1905** 9. AGE (In years last birthday) **47** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machine Adjuster** 10B. KIND OF BUSINESS OR INDUSTRY **Automotive Parts Mfg.** 11. BIRTHPLACE (State or foreign country) **Maryland** 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME **Frank Fleischman** 14. MOTHER'S MAIDEN NAME **Charlotte Martin**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **212-09-8498** 17. INFORMANT **Mrs. Evelyn T. Fleischman-2417 Westport St** ADDRESS _____

18. **331X I** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
CEREBRAL HEMORRHAGE FEW HOURS
DUE TO **CEREBRAL ARTERIOSCLEROSIS** **15 Dec '52**
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
LEFT HEMIPLEGIA
DUE TO **CEREBRAL ARTERIOSCLEROSIS** **27 July '50**

19. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? _____ (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) _____ 21E. INJURY OCCURRED _____ 21F. HOW DID INJURY OCCUR? _____
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **28 APRIL 1952** to **15 NOV 1952**, that I last saw the deceased alive on **15 NOV 1952** and that death occurred at **10:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Edward J. Mular** M. D. 23B. ADDRESS **682 WASHINGTON BLVD** 23C. DATE SIGNED **17 DEC 52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **12/19/52** 24C. NAME OF CEMETERY OR CREMATORY **Loudon Park Cem.** 24D. LOCATION (City, town, or county) (State) **Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 18 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Wm. J. Vickner & Sons** ADDRESS **Balto. 17, Md.**

VS 150
1952 55438

MEDICAL CERTIFICATION

correct age is 47 years important information

1941 52

STATE OF NEW YORK
DEPARTMENT OF HEALTH

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52 11449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11449
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Frank Ferreira		2. DATE OF DEATH Dec. 15-1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 14-01			
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) Home 1913 Eutaw Place (Twilight Nursing			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 2/76		9. AGE (in years last birthday) 76 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbers Helper		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Valguarnera Italy	
13. FATHER'S NAME Giuseppe Ferrera		14. MOTHER'S MAIDEN NAME Stefanina			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTECEDENT CAUSES DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-15 , 19 52 to 12-15 , 19 52 , that I last saw the deceased alive on 12-15 , 19 52 , and that death occurred at 8.30PM from the causes and on the date stated above.					
23a. SIGNATURE H. J. Jones		23b. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23c. DATE SIGNED 12-16-1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 19 1952		24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24d. LOCATION (City, town, or county) (State) 4430 Belair Rd.		24e. FUNERAL DIRECTOR Huntington Williams, M.D.		24f. ADDRESS 322 S. High St.	

CERTIFICATE OF DEATH

1949

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52 11450BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11450

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward H. Courtenay

2. DATE
OF
DEATHDec 16th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1820 E. Federal St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1820 E. Federal St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb 23rd 18839. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Restaurant Owner

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander Courtenay

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. R. Pierce, 1702 N. Bradford St.

18. 42201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardiac Insufficiency

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Generalized Arteriosclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Dec 16, 1952 that I last saw the deceased alive on Dec 14, 1952 and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Saeed Loun

M. D.

1261 E. North Ave

12-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec 19th 1952

Woodlawn

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952

Huntington Williams, M.D.

Geo. L. Brook 1701-03 N. Patterson Park

Ave

VS 150

29064 1442

0711 35

CERTIFICATE OF TITLE
AND NO. 34-1780

0711 35

Dr Legum 1261 E. North Ave

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11451
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EVANS, FLORENCE			2. DATE OF DEATH 12-17-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO., MD.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY CATONSVILLE		
B. FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CATONSVILLE		
c. Length of stay in Baltimore 85 YRS			D. STREET ADDRESS (If rural, give location) CATONSVILLE HOME FOR THE AGED		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-29		9. AGE (In years last birthday) 85 YRS If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME BENJAMEN WOODROW			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Lorraine Phillips 3603 Elmlyan		
18. 450.0 and E903.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA, ELECTROLYTE IMBALANCE DUE TO ARTERIOSCLEROSIS, CACHEXIA DUE TO SENILITY, FRACTURE LEFT HIP			CAUSE OF DEATH DEAFNESS		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CERTIFICATION APPROVED BY William H. H. M. D.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19A. DATE OF OPERATION 11-17-52		19B. MAJOR FINDINGS OF OPERATION COMMUNICATED INTER-TRACTATE FRACTURE HIP		22. CHIEF OR ASST. MEDICAL EXAMINER	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CAT. NRSNG HOME		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) CATONSVILLE NURSING HOME	
21D. TIME (Month) (Day) (Year) (Hour) 11-9-52		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? PATIENT FELL to floor	
22. I hereby certify that I attended the deceased from 11-10 , 19 52 to 12-17 , 19 52 , that I last saw the deceased alive on 12-17 , 19 52 , and that death occurred at 9:54 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Domulus H. Houch		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 12-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 20, 1952		24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	
24D. LOCATION (City, town, or county) (State) E. North Ave. Cnt		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 1703 N. Patterson Park Ave	

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CERTIFICATE OF DEATH
BATHING CIVIL HEALTH DEPARTMENT

11/1/1918

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52 11452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11452

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard Vester

2. DATE
OF
DEATH

Dec 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

S. Balto Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

115 W. Fort Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 14, 1882

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self employed

10B. KIND OF BUSINESS OR
INDUSTRY

Perfectionary Store

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edward Vester

14. MOTHER'S MAIDEN NAME

Katherine Spencer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Milton Vester 3303 Cedarhurst Rd

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) Coronary occlusion

DUE TO

Hypertensive cardio vascular
disease.

(B)

DUE TO

(C)

several
hours.

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29/1950 to Dec. 17, 1952 that I last saw the
deceased alive on 12/12/1952 and that death occurred at 3 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

12/18/52.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet

24D. LOCATION (City, town, or county) (State)

Balto

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1300 S Charles St

MS 1113

MS 1113

1. Name
2. Address

VALLEY
CONCRETE



0 1 2 3

640
52 11453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11453
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Pauline Kohlerman Farley		2. DATE OF DEATH Dec. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 102 E. Belvedere Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 62 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 102 E. Belvedere Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 29, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (in years last birthday) 62
13. FATHER'S NAME Michael Kohlerman		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Pauline Kiel	
17. INFORMANT John A. Farley, Sr.		ADDRESS 102 E. Belvedere Av.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH immediate
	DUE TO		
	DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO coronary thrombosis DUE TO coronary sclerosis DUE TO 2+ yrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. -----			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/22 , 19 50 , to 12/16 , 19 52 , that I last saw the deceased alive on 6/2 , 19 52 , and that death occurred at 6 P m., from the causes and on the date stated above.					
23A. SIGNATURE William D. Penn		23B. ADDRESS 11 W. 29th St.		23C. DATE SIGNED 12/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/16/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (State)			
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR H. W. Means	
				ADDRESS Don 805 N. Calvert St.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11454
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CHANEY MORGAN ROBINSON		2. DATE OF DEATH Dec. 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-3A	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2803 CHELSA TERRACE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH AUG. 25, 1889
9. AGE (In years last birthday) 63		10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Customer Relations		10B. KIND OF BUSINESS OR INDUSTRY Has & Elec. Co	
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Robert Robinson		14. MOTHER'S MAIDEN NAME Alice Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-05-3070	
17. INFORMANT RICHARD H. LYNCH		ADDRESS SAME	

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **MYOCARDIAL INFARCTION****10 HRS**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO **ARTERIO SCLEROTIC
CARDIO-VASCULAR DISEASE**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **Dec 17**, 19**52** to **Dec. 17**, 19**52**, that I last saw the deceased alive on **Dec- 17**, 19**52**, and that death occurred at **11:05 P** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

E. E. Trunnell Jr.

M. D.

UNION MEMORIAL HOSP.**Dec. 17, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**12/20/52****Mt. Olivet****Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EC 181952**H.ington Williams, M.D.****Wm. Cook, Inc., 1217 So Paul St.**

VS 150

195 39855 1416

1941

STATE OF NEW YORK

1941

IN SENATE

JANUARY 1, 1941

REPORT

OF THE

COMMISSIONERS

OF THE

LAND OFFICE

FOR THE YEAR

ENDING

DECEMBER 31, 1940

ALBANY:

1941

PRINTED BY THE

STATE OF NEW YORK

COMMISSIONERS

OF THE

LAND OFFICE

ALBANY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11455
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARKLEY, Harry E.			2. DATE OF DEATH 12-17		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U.H			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 27-08		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1400 Lochner Rd		
5. SEX M	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH April 5, 1898		9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Awnings		10B. KIND OF BUSINESS OR INDUSTRY Salesman		11. BIRTHPLACE (State or foreign country) Penna	
13. FATHER'S NAME (M) Markley			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. W.W. I		14. MOTHER'S MAIDEN NAME Emma M. McClure
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			17. INFORMANT ADDRESS Kathryn Markley 1400 Lochner Rd		

MEDICAL CERTIFICATION

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 10 wks	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Nemia; hepatic comma DUE TO Hepatic cirrhosis;			
		(B) Subacute bacterial endocarditis DUE TO carditis			
		(C) Dehydration			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-3 , 19 52 to 12-17 , 19 52 , that I last saw the deceased alive on 12-17-52 , 19 52 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE R. Felipe Gonzalez		23B. ADDRESS U. H		23C. DATE SIGNED 12-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 12/20/52		24C. NAME OF PLACE OR CREMATORY Green Mount	
		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR 018152		REGISTRAR'S SIGNATURE Wm. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul St.	

520
52 11456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11456

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ATHENA DEMOS

2. DATE
OF
DEATH

DEC. 16, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. AGNES HOSPITAL

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years last birthday)

41 yrs

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

GREECE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN GIANOULIS

14. MOTHER'S MAIDEN NAME

ANGELINA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage
DUE TO A.T.C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-15, 1952, to 12-16, 1952, that I last saw the deceased alive on 12-16, 1952, and that death occurred at 4:25 AM, from the causes and on the date stated above.

23a. SIGNATURE

George Eton

M. D.

23b. ADDRESS

St. Agnes Hospital

23c. DATE SIGNED

12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

12-19-52

Greek Cemetery Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952

Huntington Wm

Lambros Funeral Home Inc

440 E. North Ave.

VS 150

432
52 11457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11457

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George L. Shields</i>		2. DATE OF DEATH <i>12/17/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>21-03</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1125 Bayard St.</i>		C. CITY OR TOWN <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1125 Bayard St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12/13/1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saint Meyer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bro's</i>	9. AGE (In years, last birthday) <i>77</i>
13. FATHER'S NAME <i>George Shields</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>-</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Lane</i>	
17. INFORMANT <i>Mrs Elizabeth Shields Bayard</i>		ADDRESS <i>25-17</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic Cardio Vascular Disease</i>	CAUSE OF DEATH (A) <i>Arteriosclerotic Cardio Vascular Disease</i> DUE TO <i>Vascular Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>
--	---	--

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II _____	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-20*, 19*52*, to *12-17*, 19*52*, that I last saw the deceased alive on *12-16*, 19*52*, and that death occurred at *11:50 P* m., from the causes and on the date stated above.

23A. SIGNATURE <i>John P. Delush, Jr.</i>	23B. ADDRESS <i>1227 Wash Blvd</i>	23C. DATE SIGNED <i>12-17 52</i>
24A. BURIAL (CREMATION, REMOVAL) (Specify) <i>Burial</i>	24B. DATE <i>12/20/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>
24D. LOCATION (City, town, or county) <i>4300 Old Frederick Rd.</i>		(State) <i>St.</i>

DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>	ADDRESS <i>St. Hollins</i>
--	---	--	-------------------------------

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

7001 50

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

7001 50

<p>1. Name of deceased: <i>John Doe</i></p>	
<p>2. Sex: <i>Male</i></p>	
<p>3. Age: <i>45</i></p>	
<p>4. Date of death: <i>Jan 15, 1950</i></p>	
<p>5. Place of death: <i>Home</i></p>	
<p>6. Cause of death: <i>Heart Disease</i></p>	
<p>7. Signature of physician: <i>[Signature]</i></p>	
<p>8. Signature of registrar: <i>[Signature]</i></p>	
<p>9. Date of registration: <i>Jan 16, 1950</i></p>	
<p>10. Place of registration: <i>City Health Department</i></p>	

453
52 11458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11458

Registered No.

BIRTH NO. 52-28550

1. NAME OF DECEASED (Type or Print) VANESSA HOLLAND			2. DATE OF DEATH Dec. 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
E. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1706 Ditman Court		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH	9. AGE (In years last birthday) 2 wks.	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Jean Holland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Jean Holland 1706 Ditman Court	

18. 525X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERSTITIAL PNEUMONITIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Interstitial pneumonitis DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
---	--	--	--	----------------------------------	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE J. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 18, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-19-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) Balto. Md.	(State)	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. H. Jackson 916 Penna. Ave.	

correct age is important. Physicians: please write the causes of death clearly and legibly.

25 11-28

25 11-28

[Faint, mostly illegible handwriting on lined paper. Some words like "Maryland" and "from" are visible.]

12-11-28 25 11-28

[Faint handwriting at the bottom of the page, possibly a signature or date.]

330
52 11459BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11459

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		WILLIAM GATEWOOD		2. DATE OF DEATH		Dec. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 702 Druid Hill Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year	10. Under 24 Hours
Male	Colored	Single		Oct. 1914	38	Months: Days	Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Mn Boy		Bowling Alley		Chatham Va.		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Scott Gatewood				Mary Baptist			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or not known)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
No.				Geo. Gatewood		1514	

18. E882.0 and 322.0	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Nicotine poisoning		
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)		
	DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
Acute alcoholism			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		house		1727 N. Appleton St. 15/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
Dec. 15, 1952 11:00 PM.				Ingested "Black Leaf 40" (40% nicotine)	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , <u>undetermined</u> <input checked="" type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D.		23C. DATE SIGNED Dec. 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Shipped		12/18/1952		Chatham Va.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
DEC 18 1952		Huntington Williams		Chatham Va.	
VS 151		N979.0		25. FUNERAL DIRECTOR	
		9520		Mrs. Katie R. Williams Schveder	
		732 SL			

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525
52 11460BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11460

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Johnson

2. DATE
OF
DEATH

12-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Aug. 9, 1913

9. AGE (in years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Charlter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Johnson

Trucking

14. MOTHER'S MAIDEN NAME

Edna Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Alice May Johnson

ADDRESS

18. 292.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Sickle cell crisis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Sickle cell anemia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-10-52

19B. MAJOR FINDINGS OF OPERATION

spleno-hepato megal

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1952, to 12-16, 1952, that I last saw the
deceased alive on 12-16, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Shamney

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/52

24C. NAME OF CEMETERY OR CREMATORY

Parkview Memorial

24D. LOCATION (City, town, or county)

Parkview Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. W. R. Williams

ADDRESS

322 M
Schroeder St

correct age is extremely important. Physicians write the causes of death clearly and legibly.

500
52 11461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11461

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLORENCE SCHWINN		2. DATE OF DEATH Dec. 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 52 yrs.		D. STREET ADDRESS (If rural, give location) 946 Armistead Way- 5	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 27, 1891
9. AGE (In years last birthday) 61		10. Under 1 Year: Months: Days; Under 24 Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert Drampsey		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT Conrad Schwinn		ADDRESS Way 946 Armistead	
18. 155X CAUSE OF DEATH			
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypostatic pneumonia DUE TO			
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Adeno-carcinoma of Gallbladder DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Nov. 29, 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Gallbladder	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 20, 1952 , to Dec. 18, 1952 , that I last saw the deceased alive on Dec. 18, 1952 , and that death occurred at 1:20 a. m. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. Howard H. Brown		23B. ADDRESS 1400 N. Caroline Street - 13	
23C. DATE SIGNED Dec. 18, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/22/52	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Balto. St.	

VS 150

MEDICAL CERTIFICATION

1941 S.

1941 S.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11462**

1. NAME OF DECEASED
(Type or Print)

ROBERT L. BROWN

2. DATE
OF
DEATH

Dec. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

Liberty Road - SYKESVILLE

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JUNE 24, 1952

9. AGE (In years last birthday)

If Under 1 Year
Months: Days

5 33

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

CARROLL CO. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ARTHUR BROWN

14. MOTHER'S MAIDEN NAME

LAURA POLLOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ARTHUR BROWN SYKESVILLE Md

18. **057.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Septicemia**
DUE TO **Meningococcus**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Dec. 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

SPRINGFIELD CEM.

24D. LOCATION (City, town, or county)

SYKESVILLE, Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 18 1952

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

WEER & HAIGHT FUN. DIR. SYKESVILLE, Md.

50011 Sd

50011 Sd

352
52 11463BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11463

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEONARD B. STEINACKER

2. DATE
OF
DEATH

12-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

529 S. BENTALOU ST.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

529 S. BENTALOU ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAY 14, 1907

9. AGE (In years,
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WEIGHER

10B. KIND OF BUSINESS OR
INDUSTRY

ARINBEL SAND CO.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ALVIN P.

14. MOTHER'S MAIDEN NAME

JULIA TUTTLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W. W. II

16. SOCIAL
SECURITY NO.

214-03-5203

17. INFORMANT

ADDRESS

Mrs. Julia Steinacker - 529 S. Bentalou St.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis (active)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocarditis & Pulmonary Edema

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1952, to Dec 13, 1952, that I last saw the deceased alive on Dec 12, 1952, and that death occurred at 2.0 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952
VS 150Huntington Williams, M.D.
George A. Farley - Catonsville, Md.

390 24

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1941

THE NATIONAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

1941

52 11464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11464

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John A. Schaeffer SCHAFFER			2. DATE OF DEATH Dec 16 - 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1602 E. Fort Ave			A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY 24-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION Balto Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md 24-01		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1602 E. Fort Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Nov 22 1863	9. AGE (In years last birthday) 89	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John A. Schaeffer			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Belle 1602 E. Fort Ave		

18. 422.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Cardio Vascular Disease / yr		
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
II		(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Nov 52**, to **Dec 16 1952**, that I last saw the deceased alive on **Dec 12 1952** and that death occurred at **12:09 p.m.** from the causes and on the date stated above.

23A. SIGNATURE J. J. Johnson	23B. ADDRESS 403 Mel Arts Bg	23C. DATE SIGNED 12-18-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 12/19/52	24C. NAME OF CEMETERY OR CREMATORY Holy Cross
24D. LOCATION (City, town, or county) Brooklyn Md.		(State)
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Charles F. Hall ADDRESS 1501 E. Fort Ave

MEDICAL CERTIFICATION

adp.

120411 SC

HA

120411 SC

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11465
Registered No.

BIRTH NO. 52-29957

1. NAME OF DECEASED
(Type or Print)

Baby Girl Stanley (Patricia) (Suzanna)

2. DATE OF DEATH 12-18-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)
1044 Timbridge Road.

C. Length of stay in Baltimore

5. SEX F. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 12-17-52 9. AGE in years, last birthday 1 10. Under 1 Year Months: Days: 1 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ira Stanley

14. MOTHER'S MAIDEN NAME

Pauline Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 760.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Excess Intra cranial hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiac - reg. failure

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 1952, to 12-18, 1952, that I last saw the deceased alive on 12-18, 1952, and that death occurred at 3:40 am., from the causes and on the date stated above.

23A. SIGNATURE

W. D. J. J. J.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Patricia
Suzanne

12/15

Miller Cem.
nr. Chesapeake, Ohio.

520
52 11466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 11466

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM EARL JONES

2. DATE
OF
DEATH

December 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

26 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 20, 1926

9. AGE (In years
last birthday)

26

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. Jones

14. MOTHER'S MAIDEN NAME

Emma C. Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

Korea

16. SOCIAL
SECURITY NO.

216-20-4569

17. INFORMANT

ADDRESS

Emma Washington 2803 Walbrook Ave.

18. E982x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of chest involving heart
with massive bilateral hemothorax

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

House

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1121 Whitlock Street

21D. TIME (Month) (Day) (Year) (Hour)

Dec. 16, 1952 5:00 P.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Stabbed with knife during altercation

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. Jones

23B. CHIEF MEDICAL EXAMINER.....☐

M.D.

23C. DATE SIGNED
MEDICAL INVESTIGATOR.....☒

Dec. 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/52

24C. NAME OF CEMETERY OR CREMATORY

Int. Calvary

24D. LOCATION (City, town, or county)

Anne Arundel County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Arlington S. Phillips 1808 N. Howard St.
Baltimore 13, Md.

V S 151

N 861.2

520011452

Baltimore 13, Md.

1902-1903

1902-1903

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11467
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Diluvio Tancinco

2. DATE
OF
DEATH

Dec. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Philippines Isl.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Quezon City

D. STREET ADDRESS (If rural, give location)

No. 11 South 9th St

c. Length of stay in Baltimore

18 days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-11-1889

9. AGE (In years,

last birthday)

63

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Judge

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Philippines Isl

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lazaro Tancinco

14. MOTHER'S MAIDEN NAME

Juliana

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *151X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *chronic hepatic insufficiency*

18 days +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *metastatic liver disease*
(C) *Carcinoma of the stomach*

18 days +
18 days +

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from *11/30*, 19*52* to *12/17*, 19*52* that I last saw the
deceased alive on *12/17*, 19*52* and that death occurred at *6:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Stewart Mackay, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Dec. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Manila

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

DEC 18 1952

VS 150

055 99

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

11-11-11

RECEIVED THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

11-11-11

RECEIVED THE SECRETARY OF THE ARMY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11468

520
300
52 11468

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY DRAPER AMOS (MARY REED)		Dec. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 608 N. Ellwood Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 64 years		D. STREET ADDRESS (If rural, give location) 608 N. Ellwood Avenue	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 3, 1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 84
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel Winstead		14. MOTHER'S MAIDEN NAME Alice Lewis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-09-6659	
17. INFORMANT Julia Klein		ADDRESS	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Interval Between Onset and Death
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1952 to Dec 16, 1952, that I last saw the deceased alive on Dec 16, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Albert J. Tabor		23B. ADDRESS M. D. 2939 Mc Cleary	
23C. DATE SIGNED 12/17/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/19/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	

MEDICAL CERTIFICATION

1941 30

CENTRAL BANK OF INDIA
RESERVE BANK OF INDIA

1941 30

[Faint, illegible text and markings, possibly bleed-through from the reverse side of the page.]

436
52 11469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11469

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WILLIAM H.C. WILDER		Dec. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1709 E. Federal Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		8-06	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1709 E. Federal Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1883	9. AGE (In years last birthday) 69	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Appraiser		10B. KIND OF BUSINESS OR INDUSTRY U.S. Custom Service		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry C. Wilder		14. MOTHER'S MAIDEN NAME Annie Wilkinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 1709 E. Federal Street 13 Mrs. Nannie S. Wilder	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CAUSE OF DEATH Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Hypertensive cardio-vascular disease (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 13 Sept 1951, to 16 Dec 1952, that I last saw the deceased alive on 16 Dec 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John H. Bamaly		23B. ADDRESS M. D. 1531 E North Ave		23C. DATE SIGNED 18 Dec 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/19/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.		24F. ADDRESS Sey. P. Sander.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1952 10 91 1 4 0

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11470
Registered No. 52 11470

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH

GROSS

2. DATE
OF
DEATH

December 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1222 Madison Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11/6/48

9. AGE (In years
last birthday)

4

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Gross

14. MOTHER'S MAIDEN NAME

Eleanora Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Bi

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard Gross, 1222 Madison Ave.

18. E916.0 and E945.7

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Extensive Third Degree Burns of Trunk

~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

~~XXXX~~

(C) Syncope during anesthesia

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1222 Madison Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

10/8/52 1:45 P. m.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

matches
clothes ignited while playing with22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
12/15/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/19/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

Dec. 18, 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law, 802 Madison Avenue

VS 151

N 942.2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

25472

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11471**

361
52 11471
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EVA LEATHERBURY		2. DATE OF DEATH Dec. 18 '52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 6-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Homes + Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
D. STREET ADDRESS (If rural, give location) Church Homes + Hosp.		E. LENGTH OF STAY IN BALTIMORE life	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH July 9, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 82
13. FATHER'S NAME Edward R. Leatherbury		14. MOTHER'S MAIDEN NAME Betty Bagwell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Birmerman, 609 E. Clinton St.		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion	CAUSE OF DEATH Huntville	INTERVAL BETWEEN ONSET AND DEATH sudden
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerosis old age		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1952 to Dec 18, 1952 , that I last saw the deceased alive on Dec 16, 1952 , and that death occurred at 1:30 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Herman H. L. G. H.		23B. ADDRESS Church Homes + Hosp.		23C. DATE SIGNED Dec 18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/20/52		24C. NAME OF CEMETERY OR CREMATORY Mount Holly Cemetery	
24D. LOCATION (City, town, or county) Onancock Va.		24E. NAME OF CEMETERY OR CREMATORY Onancock Va.		24F. LOCATION (City, town, or county) Onancock Va.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm J. Gickner & Son	
VS 150				ADDRESS North Ave	

correct age is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

PAGE 80

RECEIVED BY THE DIRECTOR
OF THE BUREAU OF THE ARMY

PAGE 80

55

VI



256
52 11472BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11472

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna M. Riesner

2. DATE
OF
DEATH

12-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

511 S. Maderia Street

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

511 S. Maderia Street

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-25-91

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Floor Lady

10B. KIND OF BUSINESS OR
INDUSTRY

Amer. Coat Pad Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Christopher Riesner

14. MOTHER'S MAIDEN NAME

Katherine Zorn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Katherine Riesner-

ADDRESS

same

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic arteriosclerosis

DUE TO

(C) Moderate arteriosclerosis

Dec 10/52

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1952, to Dec 15, 1952, that I last saw the deceased alive on Dec 15, 1952, and that death occurred at 12:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-19-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler, Inc. 403 S. Wolfe Str.

DE 8181052
VS 180

Huntington Williams, M.D.

52346

STILL S.

STILL S.

STILL S.



100
52 11473BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11473

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Rupp</i>		2. DATE OF DEATH <i>12-16-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3607 Foster Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto - Md 26-09</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3607 Foster Avenue</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-10-82</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (In years, last birthday) <i>70</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore - Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>August Spellerberg</i>		14. MOTHER'S MAIDEN NAME <i>? ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wilfred Rupp</i>		ADDRESS <i>Same</i>	

18. *241X and 181X* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Branchial Asthma*
(A) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

7 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Carcinoma of Bladder**2 yrs*

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 15, 1952*, to *Nov 16, 1952*, that I last saw the deceased alive on *Dec 11, 1952*, and that death occurred at *3:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Susan W. Gaskel* 23B. ADDRESS *637 S. Conkling St* 23C. DATE SIGNED *Dec. 18, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>	24B. DATE <i>12-19-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Secord Hunt</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore - Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Lilly & Zillich</i>	ADDRESS <i>403 S. Wolfe Street</i>

DEC 18 1952

19520011464

532
AB-154310

52 11474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11474

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Abie Lindsey

2. DATE
OF
DEATH

Dec. 18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Baltimore, Md.

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 5-1918

9. AGE (in years
last birthday)

34

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hayward Lindsey

14. MOTHER'S MAIDEN NAME

Cora Felder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis Moderative Advanced

DUE TO

ANTECEDENT CAUSES

Tuberculosis Meningitis

1Mo

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27-1951 to 12-18-1952, that I last saw the
deceased alive on 12-18-1952, and that death occurred at 5.05AM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. [Signature]

M. O.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

12-18-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1411 SC

THE UNIVERSITY OF CHICAGO
LIBRARY

1961



1411 SC

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

363

52 11475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11475

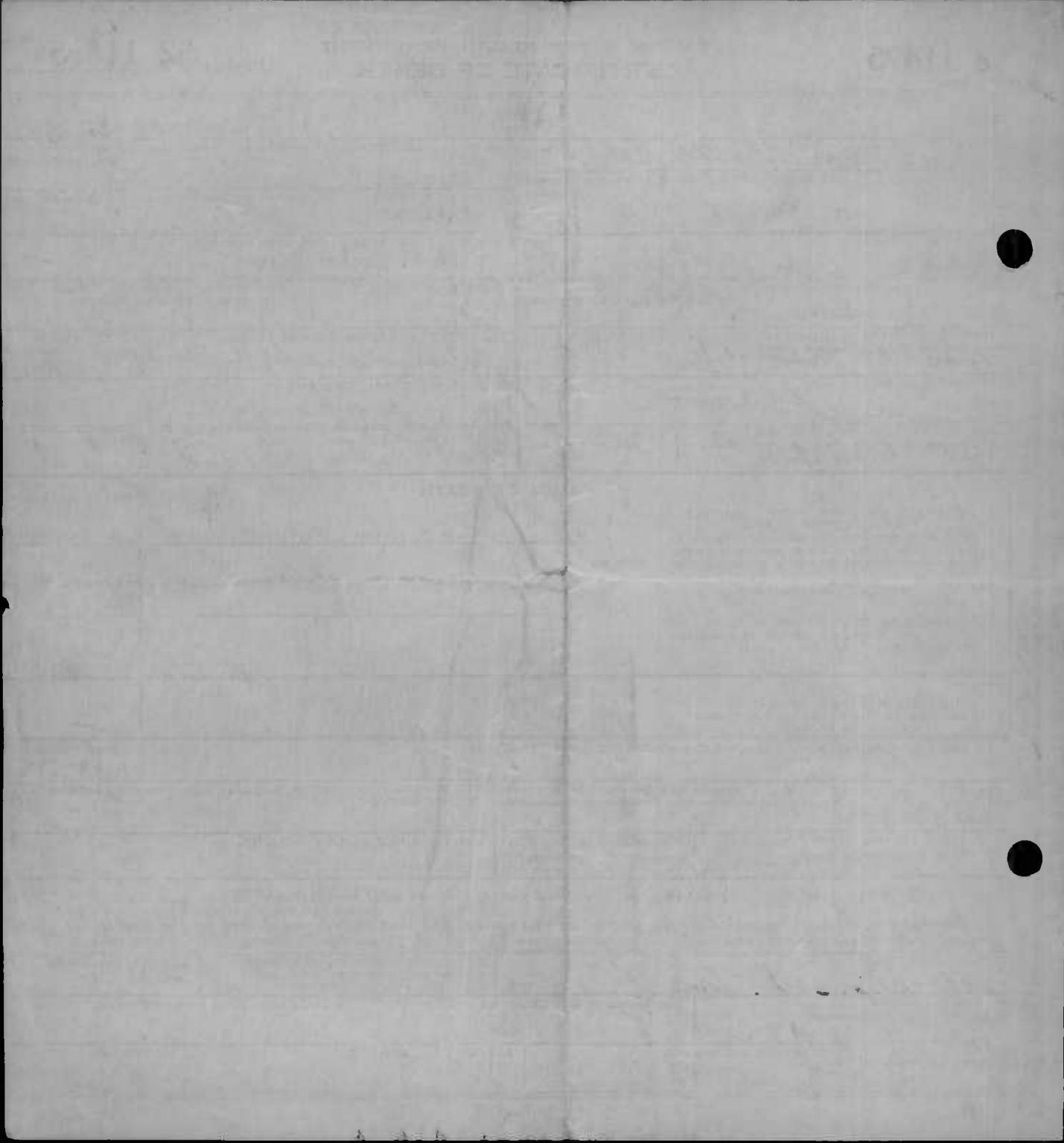
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ELWOOD STEWART		2. DATE OF DEATH December 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Baltimore City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
5. Length of stay in Baltimore 45 yrs.		Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 146 N. Exeter Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 60	9. AGE (In years last birthday) Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy Man		10B. KIND OF BUSINESS OR INDUSTRY For self		11. BIRTHPLACE (State or foreign country) Cambridge MA 4. S. K.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes War # 1		16. SOCIAL SECURITY NO.		17. INFORMANT Edith Stewart 146 N. Exeter St	

18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease DUE TO (A) ... (B) ... (C) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial</u> autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/19/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Mt.	
24D. LOCATION (City, town, or county) Baltimore		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Chas Wilson 1000 B... ..		24H. ADDRESS		24I. V S 151	

970 99



V-452
52 11476BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11476
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George A. Williams

2. DATE
OF
DEATH

Dec. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR RIVIERA APTS.
INSTITUTION Linden Ave. & Park Drive4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 17-02D. STREET ADDRESS (If rural, give location)
1112 Etting St.c. Length of stay in Baltimore
Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 4, 1906

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY

U. S. A.

13. FATHER'S NAME

John Williams

14. MOTHER'S MAIDEN NAME

Bessie Nelson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Katie Matthews 1112 Etting St

18. 481X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Cardio Vascular disease

5 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

14 yr

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

La grippe with Bronchitis

51 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from January, 1949, to Dec 12, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 1 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Abrams M. D.

23B. ADDRESS

1840 Easton place

23C. DATE SIGNED

Dec 16, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-20-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Frances A. Hensley Bidwell 578 W

87411 50

COMMUNIST PARTY OF AMERICA

87411 50

[Faint, mostly illegible text and markings covering the majority of the page, possibly representing a document or form.]

455-
52 11477BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11477

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel CALMEN

2. DATE
OF
DEATH

12/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

319 E. North Avenue

C. Length of stay in Baltimore 50 yrs.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)Maryland
Baltimore 12-05C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

O. STREET ADDRESS (If rural, give location)

319 E. North Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 21, 1881

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

merchant

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Alezer Calmen

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Rose Calmen - 319 E. North Ave

18. 610X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Enlarged Prostate

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Arterio-sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/13/52, to 12/18/52, 19, that I last saw the
deceased alive on 12/18/52, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles S. hexy

M. D.

23B. ADDRESS

117 Medical & Bldg

23C. DATE SIGNED

12/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/19/52

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Sol. Levinson + Bros - 1124 - 26 W.

ADDRESS

North Avenue

VS 150

2906A

1947

CERTIFICATE OF DEATH

1947

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Signature of physician		10. Signature of registrar	
John Doe		Male		White		1900-01-01		New York, N.Y.		1947-01-01		New York, N.Y.		Heart disease		[Signature]		[Signature]	
11. Name of informant		12. Relationship		13. Address		14. City		15. State		16. Zip		17. Date of completion		18. Signature of informant		19. Signature of registrar		20. Signature of physician	
Jane Doe		Wife		123 Main St		New York		N.Y.		10001		1947-01-01		[Signature]		[Signature]		[Signature]	

532

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

52 11478

52 11478

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)2. DATE OF DEATH 12/18/52
A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. STATE MdC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-13D. STREET ADDRESS (If rural, give location)
2609 Rosewood Ave

8. DATE OF BIRTH

9. AGE (In years last birthday) 62
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Grocer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Abraham14. MOTHER'S MAIDEN NAME
Lena

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Rose Weintzweig - Home18. 443X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
HYPERTENSIVE CARDIOVASCULAR DISEASE
(A) Wrenia
DUE TOII
ANTECEDENT CAUSESDISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Malignant Hypertension
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17-1952 to 12-18-1952, that I last saw the deceased alive on 12-18-1952 and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE
Jack Fine23B. ADDRESS
M. D. Sinai Hospital23C. DATE SIGNED
12-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
12-19-5224C. NAME OF CEMETERY OR CREMATORY
Rosedale24D. LOCATION (City, town, or county) (State)
Baltimore MdDATE RECEIVED BY LOCAL REGISTRAR
DEC 19 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR
Jack LewisADDRESS
2100 Canton Pl

1952 2996 469

MEDICAL CERTIFICATION

See Correction letter in Document File

52 11479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11479

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AARON DUNN

2. DATE
OF
DEATH

12-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4612 Park Heights Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mt Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-16

c. Length of stay in Baltimore

48

Yrs.
Mons
DaysD. STREET ADDRESS (If rural, give location)
4609 Reisterstown Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-12-1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

217-85-3268

17. INFORMANT

Bessie Dunn -

ADDRESS

Same

18. 350X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Parkinson's Disease

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19-51, to 12-18, 1952; that I last saw the
deceased alive on 12-11, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edmund Dunn

M. D.

23B. ADDRESS

3400 Hilltop Road

23C. DATE SIGNED

12-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-19-52

24C. NAME OF CEMETERY OR CREMATORY

Rosevale

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Jr 3100 Euterpe Rd

ADDRESS

6 increased Levee
to 9436 Road
3400 Helton Road

212
52 11480BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11430
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SOPHIE JACOBSON		2. DATE OF DEATH 12-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY 13-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3106 Brookfield Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 60 Yrs. 60 Mos. 60 Days		D. STREET ADDRESS (If rural, give location) 2106 Brookfield Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12/17
9. AGE (in years last birthday) 35		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) merchant		10B. KIND OF BUSINESS OR INDUSTRY Dresses	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? Russia	
13. FATHER'S NAME Israel		14. MOTHER'S MAIDEN NAME Besser	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Irving Jacobson - Same		ADDRESS	

1B. 420.1 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute coronary infarction		
DUE TO (A) Acute coronary infarction		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute Pulmonary Edema		
DUE TO (B) Acute Pulmonary Edema		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/17** 19**52** to **12/18**, 19**52**, that I last saw the deceased alive on **12/17**, 19**52** and that death occurred at **230** **11** m., from the causes and on the date stated above.

23A. SIGNATURE G. H. Hornstein	23B. ADDRESS 204 E. Biddle St	23C. DATE SIGNED 12/18/52
M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-21-52	24C. NAME OF CEMETERY OR CREMATORY B'nai Israel	24D. LOCATION (City, town, or county) (State) Balto, Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis ADDRESS 2100 Euteria Pl	

Mountain

VALLEY
BOOKS
CHORD

52 11481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11481

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Walter Smith

2. DATE
OF
DEATH

December 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3662 Falls Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3662 Falls Road

c. Length of stay in Baltimore

34 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 25, 1889

9. AGE (in years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

General Mfg.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Jacob Smith

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
212-10-7228

17. INFORMANT

ADDRESS

Mrs. Elizabeth G. Smith 3662 Falls Road

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Dec, 1952, that I last saw the
deceased alive on Dec 17, 1952, and that death occurred at 2:10 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1952

Huntington Williams M.D.

Burgee Funeral Home

3631 Falls Road

VS 150

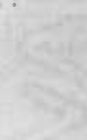
1952 54434

Horace F. Burgee

1941 10

CENTRAL BANK OF AMERICA

1941 10



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11482**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM JOHN HEER

2. DATE
OF
DEATH

DEC. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2730 Harford Road

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2730 Harford Road

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 30, 1871

9. AGE (in years last birthday)

81

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

1st Vice Pres. Heer

10B. KIND OF BUSINESS OR INDUSTRY

Bras Pharmacy Inc

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Heer

14. MOTHER'S MAIDEN NAME

Caroline Gleaser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. May C. Heer, 2730 Harford Road

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic Cardiac**
(C) **Vascular Disease**

20 Nov

1948

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **20-Nov-1948** to **17-Dec-1952** that I last saw the deceased alive on **17-Dec-1952** and that death occurred at **3 P. m.** from the causes and on the date stated above.

23A. SIGNATURE

Chas W Edwards

M. O.

23B. ADDRESS

2746 The Alameda

23C. DATE SIGNED

18-Dec-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

12/20/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hattington Williams M.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

1941 50

THEATRE OF THE WORLD FOR THE
THEATRE OF THE WORLD

1941
JAMES M. M. M. M.
J. Edwards

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 11483**BIRTH NO. **52 11483**1. NAME OF DECEASED
(Type or Print)

WILLIAM E. CARDWELL, JR.

2. DATE
OF
DEATH

Dec. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4101 Eierman Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4101 Eierman Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 7, 1914

9. AGE (In years
last birthday)

38

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Auto Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William E. Cardwell, Sr.

14. MOTHER'S MAIDEN NAME

Marion C. Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Irma J. Cardwell, 4101 Eierman

18. **492X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Myocardial failure*
DUE TO

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Viral Pneumonia & Pleurisy*
DUE TO
(C)

12 hrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Nov 25, 1952 to Dec 18, 1952 that I last saw the
deceased alive on Dec 18, 1952 and that death occurred at 8:30 AM. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/22/52

Moreland Mem. Park

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

25 11 1933

BALDWIN CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Dr. N. Deek-
8818 St. Paul

250

52 11484

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11484
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROYAL J. MASON

2. DATE
OF
DEATH

Dec 18 '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY Hos PT.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, (MARRIED,)
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

1887

9. AGE (in years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RAILROAD CONDUCT. RET.

10B. KIND OF BUSINESS OR
INDUSTRY

B. + O.

13. FATHER'S NAME

RO GEORGE MASON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

705-05-8946

17. INFORMANT

ADDRESS

Hosp RECORDS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL VASC. ACCIDENT

1 DAY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Dec 17, 1952 to Dec 18, 1952, that I last saw the
deceased alive on Dec 18, 1952, and that death occurred at 4:25 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1952

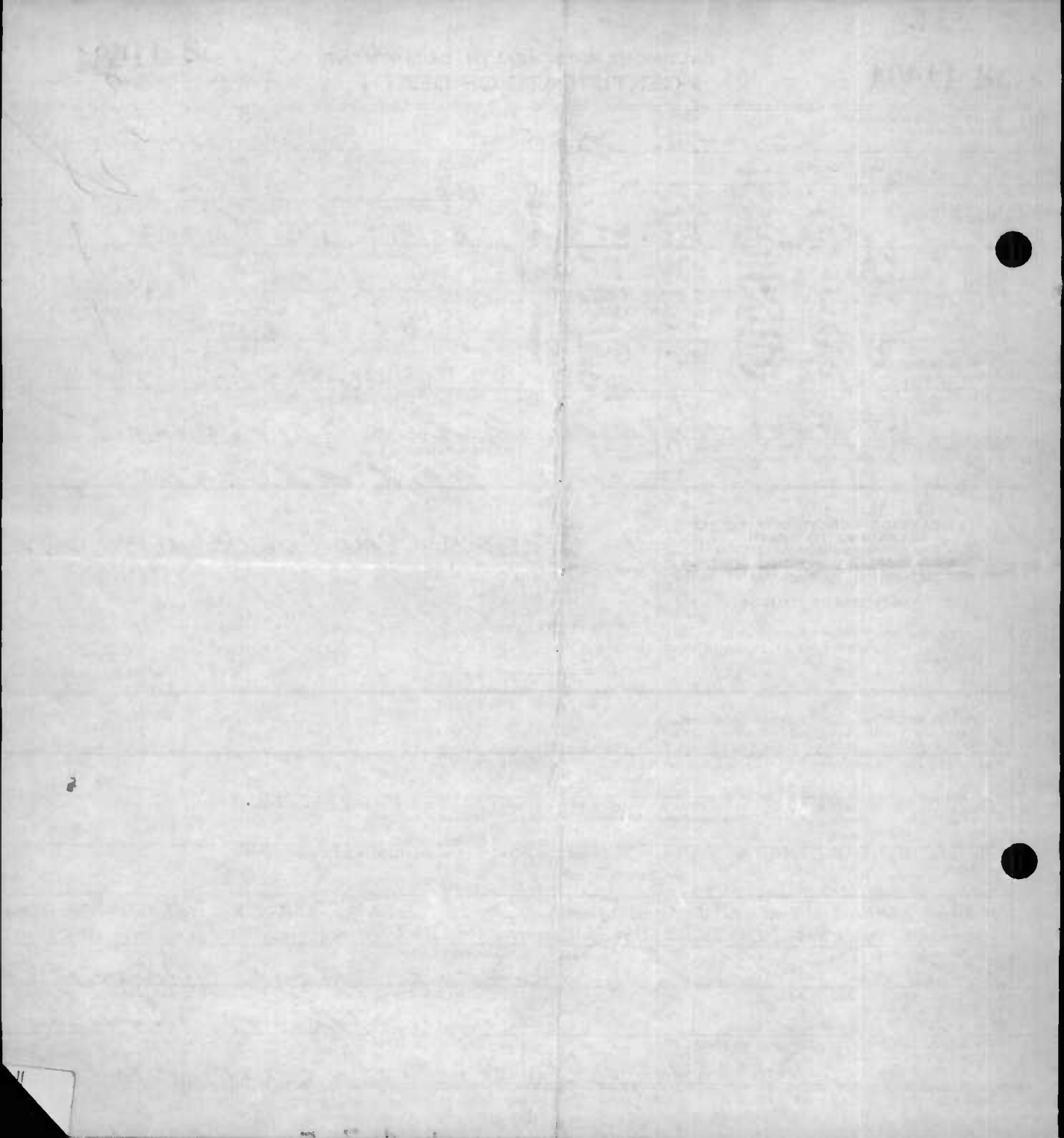
Huntington Williams, M.D.

Wm. Cook, Inc., 1217 So. Paul St.

VS 150

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



530
52 11485BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11485

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN SMITH			2. DATE OF DEATH 12/16/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 11-04		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 424 W. BIDDLE STREET			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 424 W. BIDDLE STREET		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/22/1894	9. AGE (In years last birthday) 58	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER			10B. KIND OF BUSINESS OR INDUSTRY COAL COMPANY		11. BIRTHPLACE (State or foreign country) BALTO. MD
13. FATHER'S NAME HENRY SMITH			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 217-03-6700		
14. MOTHER'S MAIDEN NAME ELLA SMITH			17. INFORMANT ADDRESS MABEL SMITH(W) 424 W. BIDDLE ST.		

18. 592X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Chronic Biliary Disease 1 yr	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/5/1952 to 12/16/1952, that I last saw the deceased alive on 12/14/1952, and that death occurred at 8PM m., from the causes and on the date stated above.					
23A. SIGNATURE J. J. Hawkins		23B. ADDRESS 450 W Biddle St		23C. DATE SIGNED 12/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/20/52		24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEMETERY	
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24D. LOCATION (City, town, or county) (State) A.A. COUNTY, MD.	
VS 150		25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON AV		ADDRESS	

6836T Charles G. Cooper

correct age is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

25 11 85

CENTRIFUGAL DEWATERING

25 11 85



65-2
52 11486BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11486

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH CORNISH

2. DATE
OF
DEATH

12/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

337 DOLPHON STREET

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
BALTIMORE township)

D. STREET ADDRESS (If rural, give location)

337 DOLPHIN ST.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE. MARRIED.

WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

2/28/1889

9. AGE (In years
last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

*

14. MOTHER'S MAIDEN NAME

*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.
(If yes, give war or dates of service)

NONE

16. SOCIAL
SECURITY NO.
(If yes, give war or dates of service)

220-20-8181

17. INFORMANT

ADDRESS

CLINTON BERNARD MAKEL(S) 337 DOLPHIN

18. 172X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) OUE TO

Carcinoma of Body of Uterus

8 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) OUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22, 1952, to 12-16, 1952, that I last saw the
deceased alive on 12-1, 1952, and that death occurred at 10 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/19/52

24C. NAME OF CEMETERY OR CREMATORY

U.S. NATIONAL CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1952

Huntington Williams, M.D.

CHARLES G. COOPER, 512 CARROLLTON AV

VS 150

952200A Charles G. Cooper

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

500
52 11487BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11487

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel M. Lyon

2. DATE
OF
DEATH

Dec 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

New York

B. COUNTY

V-2

C. CITY OR TOWN

Brooklyn

D. STREET ADDRESS (If rural, give location)

62 Montague St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5-9-1897

9. AGE (In years
last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Editorial Assistant

10B. KIND OF BUSINESS OR
INDUSTRY

Newspaper

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adin Lyon

14. MOTHER'S MAIDEN NAME

Ella Rockwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 572.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Hemorrhagic Pancreatitis

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pancreatic duct obstruction

4 days

DUE TO

(C) Common duct exploration

4 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-8-52

19B. MAJOR FINDINGS OF OPERATION

Duodenal diverticulum at Ampulla of Vater

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1952, to 12/18, 1952, that I last saw the
deceased alive on 12/18, 1952, and that death occurred at 4:25 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Julia K. Guattabani

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-21-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. View

24D. LOCATION (City, town, or county)

Claremont, New Hampshire

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard H. Hubbard, 2503 Edmondson, Ave

ADDRESS

1911

1911

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1911

1911

1911

52 11488

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11488

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carmanda E Ray

2. DATE
OF
DEATH

Dec 18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2825 Hampden Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 12-07

D. STREET ADDRESS (If rural, give location)

2825 Hampden Ave

c. Length of stay in Baltimore

2 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 27-1879

9. AGE (in years
last birthday)

73

If Under 1 Year
Months! DaysIf Under 24 Hours
Hours! Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

house work

10B. KIND OF BUSINESS OR
INDUSTRY

home

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Richard

Simonds

14. MOTHER'S MAIDEN NAME

Laura Ray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Arthur E Ray 2825 Hampden

18. 442x and 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertension Cardis-
DUE TO Vascular Renal disease

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diabetes mellitus

3 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Dec 18, 1952 that I last saw the
deceased alive on Dec 17, 1952, and that death occurred at 3:52 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E Taylor M. O.

23B. ADDRESS

3902 Greenmount Ave. Dec 18-52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1952

Huntington Williams, M. O. Frank St. City 814 N 36th

1911

RECEIVED

1911



1

620
52 11489BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11489
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILBUR E KRAUCH			2. DATE OF DEATH Dec 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex 5354		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Route 13, Box 269		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 26, 1896		9. AGE (in years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher			10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Julius Krauch			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Alice Krauch
					ADDRESS same as above

18. 154x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of the Rectum	CAUSE OF DEATH (A) Cancer of the Rectum DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Dec. 15, 1952	19B. MAJOR FINDINGS OF OPERATION Cancer of the Rectum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 11, 1952** to **Dec. 18, 1952** that I last saw the deceased alive on **Dec. 18, 1952** and that death occurred at **2 A.M.**, from the causes and on the date stated above.23A. SIGNATURE **W. W. Conway** M. D. 23B. ADDRESS **South Baltimore General Hospital** 23C. DATE SIGNED **12-18-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/20/52	24C. NAME OF CEMETERY OR CREMATORY Zion Lutheran	24D. LOCATION (City, town, or county) (State) Stemmers Run Rd Md. Essex, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John J. Connelly	ADDRESS Essex, Md.

VS 150

920951400

correct age is especially important. Physicians, please write the causes of death.

MEDICAL CERTIFICATION

050715

050715

050715

050715

430
52 11400BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 11400
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAY JOHNSON WELTY

2. DATE
OF
DEATH

Dec. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
2316 Edmondson Ave.4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 116-05

D. STREET ADDRESS (If rural, give location)

2316 Edmondson Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

Male

White

Widowed

April 24, 1894

58

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Auto Sales Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Theodore Welty

14. MOTHER'S MAIDEN NAME

Emma Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances Anderson-210 Club Rd.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) HYPERTENSIVE & ARTERIO
SCLEROTIC CARDIOVASCULAR
DISEASE

5+ YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY 1947 to 12/17, 1952 that I last saw the
deceased alive on 12/16, 1952 and that death occurred at 9:22 m., from the causes and on the date stated above.SIGNATURE
J. H. 2 Coach

M. D.

23B. ADDRESS

3629 Edmondson Ave

23C. DATE SIGNED

12/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/52

24C. NAME OF CEMETERY OR CREMATORY

-

24D. LOCATION (City, town, or county)

Boonsboro, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. J. Pickner & Sons

25. FUNERAL DIRECTOR

ADDRESS

VS 150

763 6J

1401

Gaithersburg, Md.

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPT. OF HEALTH

52-1110

1910

1910

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 11491**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LINN H. ROGERS

2. DATE
OF
DEATH

Dec. 17, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

1223 N. Calvert Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 30, 1891

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wood Cutter (Rtd)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Hubert Rogers

14. MOTHER'S MAIDEN NAME

Eva Lawrence

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes World War No. 1

16. SOCIAL SECURITY NO.

712-16-9131

17. INFORMANT

ADDRESS **Court**

Mr. Harold A. Rogers - 2702 Gray Manor

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. K. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED **Dec. 18, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/20/52

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Chas. J. Tichener & Sons

V S 151

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 11492
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CLAIRE Frances LINGG		2. DATE OF DEATH Dec. 18, 52.	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. M.D.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hosp.		C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township) Baltimore 18, M.D.	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2619 Barclay St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE MARRIED Married	8. DATE OF BIRTH Feb. 2, 1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME Charles Vance.		14. MOTHER'S MAIDEN NAME Ella Morton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT		ADDRESS Mr. Clarence V. Lingg - 2619 Barclay St.	

18. E916.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) pulmonary edema. DUE TO _____	CAUSE OF DEATH (B) 2nd + 3rd degree burns of approx. 65% of body. DUE TO _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2619 Barclay St.			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec 15, 1952 6:00P	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Caught clothing on fire while lighting heater in basement			
22. I hereby certify that I attended the deceased from Dec 15 , 1952, to Dec 18 , 1952, that I last saw the deceased alive on Dec 18 , 1952, and that death occurred at 2:45 P m., from the causes and on the date stated above.					
23A. SIGNATURE J D Hubbard		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED Dec 18, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/22/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	

DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Thos. J. Pickner & Sons	
VS 150		N 948.2		Balto. 17, Md.	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF

CERTIFICATE OF DEATH

1900

Blank form with horizontal lines for text entry.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

652

52 11493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11493

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank M. Steving Sr.

2. DATE
OF
DEATH

Dec. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

809 Woodington Rd.

c. Length of stay in Baltimore

47 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-19-1900

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrical Engineer Balt. Transit Co

10b. KIND OF BUSINESS OR INDUSTRY

Balt. Transit Co

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Egra Steving

14. MOTHER'S MAIDEN NAME

Rosa Dell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-01-9871

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 298.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pleural effusions

6 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Salmonella Bacteremia 3 mos
(C) Agnogenic Myeloid Metaplasia 8 mos

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-28, 1952 to 12-17, 1952 that I last saw the deceased alive on 12-17, 1952 and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Stewart Mackay Wynn

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/20/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry F. Hutzke, 4101 Edmondson

ADDRESS

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U M

Registered No. _____

52 11494

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
VICTORIA ZASLONKA		Dec 17 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2231 Young Street		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-05	
7. Length of stay in Baltimore 48 Year		8. STREET ADDRESS (If rural, give location) 2231 Young Street	
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	12. DATE OF BIRTH 1884
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. AGE (in years last birthday) 68	
15. KIND OF BUSINESS OR INDUSTRY Housewife		16. If Under 1 Year Months: Days	
17. BIRTHPLACE (State or foreign country) Poland		18. CITIZEN OF WHAT COUNTRY? U.S.A.	
19. FATHER'S NAME Joseph Domanski		20. MOTHER'S MAIDEN NAME Unknown	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		22. SOCIAL SECURITY NO. - - - -	
23. INFORMANT Mrs Jean Emery		24. ADDRESS 2231 Young St	
25. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO Primary Carcinoma of gall bladder ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
26. DATE OF OPERATION 12-1-52		27. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
28. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		29. DATE OF OPERATION 12-1-52	
30. DATE OF OPERATION 12-1-52		31. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
32. DATE OF OPERATION 12-1-52		33. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
34. DATE OF OPERATION 12-1-52		35. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
36. DATE OF OPERATION 12-1-52		37. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
38. DATE OF OPERATION 12-1-52		39. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
39. DATE OF OPERATION 12-1-52		40. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
40. DATE OF OPERATION 12-1-52		41. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
41. DATE OF OPERATION 12-1-52		42. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
42. DATE OF OPERATION 12-1-52		43. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
43. DATE OF OPERATION 12-1-52		44. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
44. DATE OF OPERATION 12-1-52		45. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
45. DATE OF OPERATION 12-1-52		46. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
46. DATE OF OPERATION 12-1-52		47. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
47. DATE OF OPERATION 12-1-52		48. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
48. DATE OF OPERATION 12-1-52		49. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
49. DATE OF OPERATION 12-1-52		50. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
50. DATE OF OPERATION 12-1-52		51. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
51. DATE OF OPERATION 12-1-52		52. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
52. DATE OF OPERATION 12-1-52		53. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
53. DATE OF OPERATION 12-1-52		54. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
54. DATE OF OPERATION 12-1-52		55. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
55. DATE OF OPERATION 12-1-52		56. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
56. DATE OF OPERATION 12-1-52		57. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
57. DATE OF OPERATION 12-1-52		58. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
58. DATE OF OPERATION 12-1-52		59. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
59. DATE OF OPERATION 12-1-52		60. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
60. DATE OF OPERATION 12-1-52		61. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
61. DATE OF OPERATION 12-1-52		62. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
62. DATE OF OPERATION 12-1-52		63. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
63. DATE OF OPERATION 12-1-52		64. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
64. DATE OF OPERATION 12-1-52		65. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
65. DATE OF OPERATION 12-1-52		66. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
66. DATE OF OPERATION 12-1-52		67. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
67. DATE OF OPERATION 12-1-52		68. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
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71. DATE OF OPERATION 12-1-52		72. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
72. DATE OF OPERATION 12-1-52		73. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
73. DATE OF OPERATION 12-1-52		74. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
74. DATE OF OPERATION 12-1-52		75. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
75. DATE OF OPERATION 12-1-52		76. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
76. DATE OF OPERATION 12-1-52		77. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
77. DATE OF OPERATION 12-1-52		78. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
78. DATE OF OPERATION 12-1-52		79. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
79. DATE OF OPERATION 12-1-52		80. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
80. DATE OF OPERATION 12-1-52		81. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
81. DATE OF OPERATION 12-1-52		82. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
82. DATE OF OPERATION 12-1-52		83. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
83. DATE OF OPERATION 12-1-52		84. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
84. DATE OF OPERATION 12-1-52		85. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
85. DATE OF OPERATION 12-1-52		86. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
86. DATE OF OPERATION 12-1-52		87. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
87. DATE OF OPERATION 12-1-52		88. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
88. DATE OF OPERATION 12-1-52		89. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
89. DATE OF OPERATION 12-1-52		90. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
90. DATE OF OPERATION 12-1-52		91. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
91. DATE OF OPERATION 12-1-52		92. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
92. DATE OF OPERATION 12-1-52		93. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder	
93. DATE OF OPERATION 12-1-52		94. MAJOR FINDINGS OF OPERATION C	

EDICAL CERTIFICATION

from 20 million to 100 million and 200 million, respectively, for the first, intermediate, and final periods.

5 2 0 0 1 1 4 8 5

Dr John J. Gould

14 N. East Ave

1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 11495**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Myrtle E. Bilson

2. DATE
OF
DEATH

December 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write full R.A. and give township)

D. STREET ADDRESS (If rural, give location)

6314 PEACE AVE

Peace Ave

C. Length of stay in Baltimore

1 1/2

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 25, 1896

9. AGE (In years last birthday)

56

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Theodore Lucas

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Margaret Cumberland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Husband - Mr Henry Bilson

ADDRESS

same

18. **174 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Uremia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **metastatic carcinoma of pelvic organs.**

DUE TO

(C) **adenocarcinoma of uterus**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Dec 5**, 1952 to **Dec 17**, 1952, that I last saw the deceased alive on **Dec 17**, 1952, and that death occurred at **2:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Baltimore Memorial Hospital

23C. DATE SIGNED

Dec 17, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1952

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Huntington Williams, M.D.

5005 P. Heights

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WASHINGTON, D. C.

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

545
52 11496

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11496
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lillian Hamlington</i>			2. DATE OF DEATH <i>12-18-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>City</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>MARION V-37</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>303 SEAGULL AVE</i>			C. CITY OR TOWN <i>Dillon</i>		
C. Length of stay in Baltimore <i>3 mo.</i>			D. STREET ADDRESS (If rural, give location) <i>508. 9th AVE, South</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>March 18-1892</i>	9. AGE (In years last birthday) <i>60</i>	10. Under 1 Year Months: Days: Hours: Min. <i>9 - -</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Marborowth CO., S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Richard Johnson</i>			14. MOTHER'S MAIDEN NAME <i>Louise</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no.</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT ADDRESS <i>Ina Leslie; 303 Seagull Ave.</i>		

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Acute Nephritis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Arterio Sclerotic Heart Disease</i> DUE TO (C) <i>Cardiac Decompensation</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *December 3, 1952*, to *Dec. 18, 1952*, that I last saw the deceased alive on *Dec. 17, 1952*, and that death occurred at *7:45 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>J. L. L. L. L.</i>	23B. ADDRESS <i>427 S. W. Ave</i>	23C. DATE SIGNED <i>12-18-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>SHIPPED</i>	24B. DATE <i>12-28-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>HAMILTON CEMETRY</i>	24D. LOCATION (City, town, or county) (State) <i>DILLON, S.C.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>WILLIAM A JACKSON</i>	ADDRESS <i>916 PENNA AVE</i>

1904/11/11

SHIPPED 12-28-35 Hamilton Center, Ill. Co.
William A. Jackson, Jr.
S.C.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

326
52 11497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11497
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Fitzgerald

2. DATE
OF
DEATH

12-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Rd.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Seton Institute

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Washington, D.C. B. COUNTY V-48

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Washington, D.C.

D. STREET ADDRESS (If rural, give location)

1409 IV St. N.W.

c. Length of stay in Baltimore

3yrs. 9mo. 16days

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

unknown

9. AGE (In years last birthday)

88

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Boston, Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard Fitzgerald

14. MOTHER'S MAIDEN NAME

Costello

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

The Seton Institute

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Recurrent Left Cerebral hemorrhage 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Senile Dementia 46 months

(C) DUE TO

Arterio-sclerosis ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1949, to 12/18, 1952 that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

D. P. Palacios

23B. ADDRESS

3376 Arden Ave. Baltimore

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec/20/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mason Co., 108 W. North Ave.

DEC 19 1952

VS 150

520211400 City #1.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11498
Registered No.

BIRTH NO. *AB-165952*

1. NAME OF DECEASED
(Type or Print)

Jay O. Miller

2. DATE
OF
DEATH

Dec. 18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *Baltimore City Hospitals*
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Cockeysville

D. STREET ADDRESS (If rural, give location)

Windy Hill Estate, Cuba Road

c. Length of stay in Baltimore

1 day

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 5, 1950

9. AGE (in years last birthday)

2

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT *Baltimore City Hospitals*
Records: 4940 Eastern Ave.

18. *340.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Hemophilus Influenzal Meningitis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *12-17-*, 19*52*, to *12-18-*, 19*52*, that I last saw the deceased alive on *12-18-*, 19*52*, and that death occurred at *4 A* m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Johnson

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

12-18-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dec. 20, 1952

Huntington Williams, M.D.

John Burner's Sons, Towson, Md.

Cockeysville, Balt. Co. Md.

11-11-53

CERTIFICATE OF DEATH

11-11-53

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11-11-53

correct age is especially important. Physicians please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 11499 Registered No.

52 11499

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Ridgley, John		12/17/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE	
Mercy Hospital		Md.	
C. Length of stay in Baltimore		B. COUNTY	
Yrs. Mos. Days		Carroll	
5. SEX		C. CITY OR TOWN	
M		Woodbine RFD #1	
6. COLOR OR RACE		D. STREET ADDRESS	
W		RFD #1 5600	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Married		Jan 20, 1886	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday)	
Farmer		68	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Farm		Md.	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
Samuel Ridgley		USA	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME	
no		Mary Hughes	
16. SOCIAL SECURITY NO.		17. INFORMANT	
none		ADDRESS	
18. 420.0		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) Chronic Congestive Failure	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		DUE TO	
ANTECEDENT CAUSES		(B) Myocardial infarction	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C) arteriosclerotic heart disease	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		Chronic Emphysema	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/15, 1952, to 12/17, 1952, that I last saw the deceased alive on 12/17, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Charles R. Ireland M.D.		Mary R. Ruff	
23C. DATE SIGNED			
12/17/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		12-20-1952	
24C. NAME OF CEMETERY OR CREMATORIUM		24D. LOCATION (City, town, or county) (State)	
Springfield		Sykesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
DEC 19 1952		C. M. Waltz, Winfield, Md.	
VS 150			

MEDICAL CERTIFICATION

10010

1490

00611-52

DEPT. OF HEALTH

11-10-10

431
52 11500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11500

1. NAME OF DECEASED (Type or Print) Mary Ann Althoff			2. DATE OF DEATH 12/16/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1300 Homewood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore ? ? ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1300 Homewood Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 6, 1890	9. AGE (In years last birthday) 62	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Curran			14. MOTHER'S MAIDEN NAME Margaret Sweeney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ? ? ?	17. INFORMANT ADDRESS Francis X. Althoff 1300 Homewood Ave.		
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary artery + left ventricular failure DUE TO (B) Atherosclerosis - hypertensive DUE TO (C) Cardio-vascular - Renal Disease INTERVAL BETWEEN ONSET AND DEATH 3 weeks ?					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 5, 1936 , to 16 Dec, 1952 , that I last saw the deceased alive on 15 Dec, 1952 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel Schierfeld			23B. ADDRESS 714 E. Preston St.		23C. DATE SIGNED 18 Dec 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/20/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St. Mr H.E. Lewis	

MEDICAL CERTIFICATION

00211 56

00211 56

THE UNITED STATES OF AMERICA

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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